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| Fill in this information to identify your case: |                               |                                   |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|                                                 | Chapter 7                     |                                   |
|                                                 | ☐ Chapter 11                  |                                   |
|                                                 | ☐ Chapter 12                  |                                   |
|                                                 | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself                                                                                                                                                                         |                                                                                      |                                                                   |  |  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|
|     |                                                                                                                                                                                                | About Debtor 1:                                                                      | About Debtor 2 (Spouse Only in a Joint Case):                     |  |  |  |  |
| 1.  | Your full name                                                                                                                                                                                 |                                                                                      |                                                                   |  |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Carolyn First name  A Middle name  Williams Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |
|     |                                                                                                                                                                                                |                                                                                      |                                                                   |  |  |  |  |
| 2.  | All other names you have used in the last 8 years                                                                                                                                              |                                                                                      |                                                                   |  |  |  |  |
|     | Include your married or maiden names.                                                                                                                                                          |                                                                                      |                                                                   |  |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)                                                                              | xxx-xx-6777                                                                          |                                                                   |  |  |  |  |

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Case number (if known)

Debtor 1 Carolyn A Williams

|                                                                                                            |                                                 | About Debtor 1:                                                                                                                                     |   | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |                                                 | ■ I have not used any business name or EINs.                                                                                                        |   | ☐ I have not used any business name or EINs.                                                                                               |  |  |
|                                                                                                            | Include trade names and doing business as names | Business name(s)                                                                                                                                    |   | Business name(s)                                                                                                                           |  |  |
|                                                                                                            |                                                 | EINs                                                                                                                                                | - | EINs                                                                                                                                       |  |  |
| 5.                                                                                                         | Where you live                                  | 645 W John Manville                                                                                                                                 |   | If Debtor 2 lives at a different address:                                                                                                  |  |  |
|                                                                                                            |                                                 | Waukegan, IL 60085  Number, Street, City, State & ZIP Code                                                                                          | - | Number, Street, City, State & ZIP Code                                                                                                     |  |  |
|                                                                                                            |                                                 | Lake                                                                                                                                                |   |                                                                                                                                            |  |  |
|                                                                                                            |                                                 | County                                                                                                                                              | - | County                                                                                                                                     |  |  |
|                                                                                                            |                                                 | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|                                                                                                            |                                                 | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | - | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |  |  |
| 6.                                                                                                         | Why you are choosing this district to file for  | Check one:                                                                                                                                          |   | Check one:                                                                                                                                 |  |  |
|                                                                                                            | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|                                                                                                            |                                                 | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |  |  |
|                                                                                                            |                                                 |                                                                                                                                                     |   |                                                                                                                                            |  |  |

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Case number (if known) Debtor 1 Carolyn A Williams Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number District When Case number

| 10. | Are any bankruptcy        |
|-----|---------------------------|
|     | cases pending or being    |
|     | filed by a spouse who is  |
|     | not filing this case with |
|     | you, or by a business     |
|     | partner, or by an         |
|     | affiliate?                |

■ No

☐ Yes.

Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known

#### 11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

|          |                    | Document | Page 4 of 53           |  |
|----------|--------------------|----------|------------------------|--|
| Debtor 1 | Carolyn A Williams |          | Case number (if known) |  |

| ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Report About Any Bu                                                                                                                                             | sinesses     | You Own           | as a Sole Proprie                                                                                                                                                              | tor                                                                                     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|--|
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.        | Go to I           | Part 4.                                                                                                                                                                        |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 | ☐ Yes.       | Name              | and location of bus                                                                                                                                                            | siness                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |              | Name              | Name of business, if any                                                                                                                                                       |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If you have more than one sole proprietorship, use a                                                                                                            |              | Numbe             | Number, Street, City, State & ZIP Code                                                                                                                                         |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | separate sheet and attach it to this petition.                                                                                                                  |              | Check             | the appropriate bo                                                                                                                                                             | ox to describe your business:                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                               |              |                   |                                                                                                                                                                                | ness (as defined in 11 U.S.C. § 101(27A))                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |              |                   | Single Asset Real                                                                                                                                                              | Estate (as defined in 11 U.S.C. § 101(51B))                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |              |                   | Stockbroker (as defined in 11 U.S.C. § 101(53A))                                                                                                                               |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |              |                   | Commodity Broke                                                                                                                                                                | er (as defined in 11 U.S.C. § 101(6))                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |              |                   | None of the above                                                                                                                                                              | e                                                                                       |  |  |  |
| If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set app deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the properties of the |                                                                                                                                                                 |              |                   | a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For a definition of small                                                                                                                                       | ■ No.        | I am n            | ot filing under Chap                                                                                                                                                           | oter 11.                                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.        | I am fil<br>Code. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.                                                         |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 | ☐ Yes.       | I am fil          | ling under Chapter                                                                                                                                                             | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4: Report if You Own or                                                                                                                                         | Have Any     | Hazardo           | us Property or An                                                                                                                                                              | y Property That Needs Immediate Attention                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you own or have any                                                                                                                                          |              | Trazar ao         | uo 1 10porty 01 7111                                                                                                                                                           | , report, rua resuc immounte rue income                                                 |  |  |  |
| 14.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | property that poses or is alleged to pose a threat of imminent and                                                                                              | ■ No. □ Yes. | What is t         | he hazard?                                                                                                                                                                     |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                          |              |                   | ate attention is why is it needed?                                                                                                                                             |                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                               |              | Where is          | the property?                                                                                                                                                                  | Number Circus City Chate 9 7 in Code                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |              |                   |                                                                                                                                                                                | Number, Street, City, State & Zip Code                                                  |  |  |  |

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Debtor 1 Carolyn A Williams

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DCD  | Carolyli A William                                                                      | 3                                                    |                                                                                               |                                                                 | Case number (# 7         |                                                                                |  |  |
|------|-----------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------|--|--|
| Part | 6: Answer These Quest                                                                   | ions for Repo                                        | orting Purposes                                                                               |                                                                 |                          |                                                                                |  |  |
| 16.  | What kind of debts do you have?                                                         | in                                                   | re your debts primarily consu<br>dividual primarily for a personal,<br>l No. Go to line 16b.  |                                                                 |                          | in 11 U.S.C. § 101(8) as "incurred by an                                       |  |  |
|      |                                                                                         |                                                      | Yes. Go to line 17.                                                                           |                                                                 |                          |                                                                                |  |  |
|      |                                                                                         |                                                      | Are your debts primarily business debts? Business debts are debts that you incurred to obtain |                                                                 |                          |                                                                                |  |  |
|      |                                                                                         |                                                      | money for a business or investment or through the operation of the business or investment.    |                                                                 |                          |                                                                                |  |  |
|      |                                                                                         |                                                      | No. Go to line 16c.                                                                           |                                                                 |                          |                                                                                |  |  |
|      |                                                                                         |                                                      | Yes. Go to line 17.                                                                           |                                                                 |                          |                                                                                |  |  |
|      |                                                                                         | 16c. St                                              | ate the type of debts you owe the                                                             | nat are not consumer                                            | debts or business de     | ebts                                                                           |  |  |
| 17.  | Are you filing under Chapter 7?                                                         | □ No. I a                                            | am not filing under Chapter 7. G                                                              | o to line 18.                                                   |                          |                                                                                |  |  |
|      | Do you estimate that after any exempt property is excluded and                          |                                                      | am filing under Chapter 7. Do yo<br>e paid that funds will be availab                         |                                                                 |                          | is excluded and administrative expenses                                        |  |  |
|      | administrative expenses                                                                 |                                                      | l No                                                                                          |                                                                 |                          |                                                                                |  |  |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? | •                                                    | l <sub>Yes</sub>                                                                              |                                                                 |                          |                                                                                |  |  |
| 18.  | How many Creditors do                                                                   | <b>1</b> -49                                         |                                                                                               | □ 1,000-5,000                                                   |                          | □ 25,001-50,000                                                                |  |  |
|      | you estimate that you owe?                                                              | ☐ 50-99                                              |                                                                                               | □ 5001-10,000                                                   |                          | <b>5</b> 0,001-100,000                                                         |  |  |
|      |                                                                                         | □ 100-199<br>□ 200-999                               |                                                                                               | ☐ 10,001-25,000                                                 |                          | ☐ More than100,000                                                             |  |  |
| 19.  | How much do you estimate your assets to                                                 | <b>\$</b> 0 - \$50,                                  | 000                                                                                           | <u> </u>                                                        |                          | □ \$500,000,001 - \$1 billion                                                  |  |  |
|      | be worth?                                                                               | □ \$50,001 - \$100,000<br>□ \$100,001 - \$500,000    |                                                                                               | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million |                          | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion          |  |  |
|      |                                                                                         | □ \$500,001 - \$300,000<br>□ \$500,001 - \$1 million |                                                                                               | \$100,000,001 -                                                 |                          | ☐ More than \$50 billion                                                       |  |  |
| 20.  | How much do you                                                                         | □ \$0 - \$50,                                        | 000                                                                                           | □ \$1,000,001 - \$1                                             |                          | □ \$500,000,001 - \$1 billion                                                  |  |  |
|      | estimate your liabilities to be?                                                        | \$50,001                                             |                                                                                               | □ \$10,000,001 - \$                                             |                          | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion             |  |  |
|      |                                                                                         | □ \$100,001<br>□ \$500,001                           | ' '                                                                                           | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million  |                          | ☐ More than \$50 billion                                                       |  |  |
| Part | 7: Sign Below                                                                           |                                                      |                                                                                               |                                                                 |                          |                                                                                |  |  |
| For  | you                                                                                     | I have exam                                          | ined this petition, and I declare                                                             | under penalty of perju                                          | ury that the information | on provided is true and correct.                                               |  |  |
|      |                                                                                         |                                                      | sen to file under Chapter 7, I and see Code. I understand the relief                          |                                                                 |                          | ler Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.         |  |  |
|      |                                                                                         |                                                      | y represents me and I did not pa<br>have obtained and read the not                            |                                                                 |                          | attorney to help me fill out this                                              |  |  |
|      |                                                                                         | I request rel                                        | ief in accordance with the chapt                                                              | er of title 11, United S                                        | States Code, specified   | d in this petition.                                                            |  |  |
|      |                                                                                         | bankruptcy of and 3571.                              | case can result in fines up to \$2                                                            |                                                                 |                          | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|      |                                                                                         | /s/ Carolyn<br>Carolyn A                             | n A Williams<br>Williams                                                                      | Si                                                              | gnature of Debtor 2      |                                                                                |  |  |
|      |                                                                                         | Signature of                                         |                                                                                               | -                                                               | -                        |                                                                                |  |  |
|      |                                                                                         | Executed or                                          | July 26, 2018<br>MM / DD / YYYY                                                               | Ex                                                              | recuted on MM / DI       | D/YYYY                                                                         |  |  |
|      |                                                                                         |                                                      |                                                                                               |                                                                 | , D.                     |                                                                                |  |  |

Debtor 1 Carolyn A Williams

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph        | R. Doyle               | Date          | July 26, 2018         |  |
|-------------------|------------------------|---------------|-----------------------|--|
| Signature of      | Attorney for Debtor    |               | MM / DD / YYYY        |  |
|                   |                        |               |                       |  |
| Joseph R.         | Doyle 6279065          |               |                       |  |
| Printed name      |                        |               |                       |  |
| Bizar & Do        | yle, LLC               |               |                       |  |
| Firm name         |                        |               |                       |  |
| 123 West N        | Madison Street         |               |                       |  |
| Suite 205         |                        |               |                       |  |
| Chicago, II       | L 60602                |               |                       |  |
| Number, Street, 0 | City, State & ZIP Code |               |                       |  |
| Contact phone     | 312-427-3100           | Email address | joe@bizardoylelaw.com |  |
| 6279065 IL        |                        |               |                       |  |
| Bar number & St   | ata                    |               |                       |  |

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| Fill in this information to                                                                                                                                                          | identify your case:                                                                                                                                                                                                            |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| United States Bankruptcy                                                                                                                                                             | Court for the:                                                                                                                                                                                                                 |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| NORTHERN DISTRICT O                                                                                                                                                                  | ILLINOIS                                                                                                                                                                                                                       |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| Case number (if known)                                                                                                                                                               |                                                                                                                                                                                                                                | Chapter you are filing ur                                                                                                                                                  | nder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                | Chapter 7                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                | ☐ Chapter 11                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                | ☐ Chapter 12                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                | ☐ Chapter 13                                                                                                                                                               | ☐ Check if this an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
| The bankruptcy forms us case—and in joint cases, would be yes if either debetween them. In joint call of the forms.  Be as complete and accumore space is needed, at every question. | tition for Individual  e you and Debtor 1 to refer to a debtor these forms use you to ask for information is tor owns a car. When information is ses, one of the spouses must report in the as possible. If two married people | or filing alone. A married couple in nation from both debtors. For expeeded about the spouses sepainformation as <i>Debtor 1</i> and the eare filing together, both are eq | may file a bankruptcy case together—calle cample, if a form asks, "Do you own a car, rately, the form uses <i>Debtor 1</i> and <i>Debtor</i> other as <i>Debtor 2</i> . The same person must qually responsible for supplying correct in s, write your name and case number (if known to the contract of the c | ," the answer 2 to distinguis to Debtor 1 in |
| Part 7: Sign Below                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| For you                                                                                                                                                                              | •                                                                                                                                                                                                                              |                                                                                                                                                                            | ry that the information provided is true and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                |                                                                                                                                                                            | oceed, if eligible, under Chapter 7, 11,12, or 1<br>chapter, and I choose to proceed under Chap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                                                                                                                                                                                      | • •                                                                                                                                                                                                                            | d I did not pay or agree to pay som<br>read the notice required by 11 U.S                                                                                                  | neone who is not an attorney to help me fill of S.C. § 342(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ut this                                      |
|                                                                                                                                                                                      | I request relief in accordance w                                                                                                                                                                                               | ith the chapter of title 11, United St                                                                                                                                     | tates Code, specified in this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |
|                                                                                                                                                                                      | bankruptcy case can result in fill and 3571                                                                                                                                                                                    | nes up to \$250,000, or imprisonme                                                                                                                                         | otaining money or property by fraud in connecent for up to 20 years, or both. 18 U.S.C. §§ 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
|                                                                                                                                                                                      | Carolyn A Williams Signature of Debtor 1                                                                                                                                                                                       | Sig                                                                                                                                                                        | gnature of Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |

Executed on MM / DD / YYYY

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| Debtor 1 Carolyn A William                                                          | ıs                                                           | Document                                                             | Page 9 of 53                | Case number (if kno   | wn)                                                                                                                |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                                     |                                                              |                                                                      |                             |                       |                                                                                                                    |
| For your attorney, if you are represented by one                                    | under Chapter 7, 11                                          | , 12, or 13 of title 11, U                                           | nited States Code, and I    | have explained the re | ebtor(s) about eligibility to proceed<br>lief available under each chapter<br>otice required by 11 U.S.C. § 342(b) |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. | and, in a case in wh                                         | ich § 707(b)(4)(D) appl<br>the petition is incorrect<br>y for Debtor | ies, certify that I have no | knowledge after an    | inquiry that the information in the $9-18$                                                                         |
|                                                                                     | Bizar & Doyle, Li<br>Firm name                               |                                                                      | ·                           |                       |                                                                                                                    |
|                                                                                     | Suite 205<br>Chicago, IL 6060<br>Number, Street, City, State |                                                                      |                             |                       |                                                                                                                    |
|                                                                                     | Contact phone 312-4                                          | <b>127-3100</b>                                                      | Email addı                  | ress joe@biz          | ardoylelaw.com                                                                                                     |

Bar number & State

| Fill in this inform | nation to identify your                          | case.                   |                               |                                                 |                                       |
|---------------------|--------------------------------------------------|-------------------------|-------------------------------|-------------------------------------------------|---------------------------------------|
| Debtor 1            | Carolyn A Willian                                |                         |                               |                                                 |                                       |
|                     | First Name                                       | Middle Name             | Last Name                     |                                                 |                                       |
| Debtor 2            |                                                  |                         |                               |                                                 |                                       |
| (Spouse if, filing) | First Name                                       | Middle Name             | Last Name                     |                                                 |                                       |
| United States Bar   | nkruptcy Court for the:                          | NORTHERN DISTRIC        | CT OF ILLINOIS                |                                                 |                                       |
| Case number         |                                                  |                         |                               |                                                 |                                       |
| (if known)          |                                                  |                         |                               |                                                 | Check if this is an<br>Imended filing |
| Official Form       | n 106Dec                                         |                         |                               |                                                 |                                       |
| <b>Declarat</b>     | ion About a                                      | n Individua             | l Debtor's Scl                | hedules                                         | 12/15                                 |
|                     | 8 U.S.C. §§ 152, 1341, 1<br>n Below              | 519, and 3571.          |                               |                                                 |                                       |
| Did you pay         | y or agree to pay some                           | one who is NOT an att   | orney to help you fill out ba | ankruptcy forms?                                |                                       |
| ■ No                |                                                  |                         | •                             |                                                 |                                       |
| ☐ Yes. N            | lame of person                                   |                         |                               | Attach Bankruptcy Petit Declaration, and Signat |                                       |
|                     | Ity of perjury, I declare<br>e true and correct. | that I have read the su | ımmary and schedules filed    | l with this declaration and                     |                                       |
| x Car               | walna W                                          | Uliano_                 | X                             |                                                 |                                       |
|                     | n A Williams                                     | www.                    | Signature of D                | Debtor 2                                        |                                       |
|                     | re of Debtor 1                                   | `                       |                               |                                                 |                                       |
| Date _              | 6-7-15                                           | !                       | Date                          |                                                 |                                       |
|                     |                                                  |                         |                               |                                                 |                                       |

| Fill in this inform                  |                                                                                                          |                       |                                         |                   |                     |                    |                                   |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------|-------------------|---------------------|--------------------|-----------------------------------|
|                                      | mation to identify your                                                                                  |                       |                                         |                   |                     |                    |                                   |
| Debtor 1                             | Carolyn A William                                                                                        | Niddle Name           | *************************************** | Last Name         |                     | -                  |                                   |
| Dahtar 2                             | Filst Name                                                                                               | Middle Name           |                                         | Last Name         |                     |                    |                                   |
| Debtor 2<br>(Spouse if, filing)      | First Name                                                                                               | Middle Name           |                                         | Last Name         |                     | -                  |                                   |
| United States Ba                     | inkruptcy Court for the:                                                                                 | NORTHERN DIST         | TRICT OF IL                             | LINOIS            |                     | -                  |                                   |
| Case number<br>(if known)            |                                                                                                          |                       |                                         |                   |                     | _                  | Check if this is an mended filing |
| Official Fo                          | orm 107<br>of Financial A                                                                                | Affairs for In        | dividua                                 | als Filing f      | or Bankrup          | otcy               | 4/16                              |
|                                      | nore space is needed, a<br>n). Answer every quest<br>Below                                               |                       | heet to this                            | form. On the top  | of any additional   | pages, write you   | ur name and case                  |
| are true and cor<br>with a bankrupto | nswers on this <i>Statem</i> rect. I understand that it cy case can result in fin, 1341, 1519, and 3571. | naking a false state  | ement, con                              | cealing property  | , or obtaining mor  |                    |                                   |
| Carolyn A Wil<br>Signature of De     |                                                                                                          | Contraction _         | Signature o                             | of Debtor 2       | ,, <u>-</u>         |                    |                                   |
| Date (                               | 1-19                                                                                                     |                       | Date                                    |                   | •                   |                    |                                   |
| Did you attach a<br>■ No<br>□ Yes    | dditional pages to <i>You</i>                                                                            | r Statement of Fina   | ncial Affair                            | s for Individuals | Filing for Bankru   | ptcy (Official For | m 107)?                           |
| Did you pay or a<br>■ No             | gree to pay someone v                                                                                    | vho is not an attorn  | ney to help                             | you fill out bank | ruptcy forms?       |                    |                                   |
| ☐ Yes. Name of                       | Person Attach th                                                                                         | ne Bankruptcy Petitio | on Preparer                             | s Notice, Declara | tion, and Signature | (Official Form 119 | 9).                               |

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| Fill in this inform                                                                                                                                                                         | nation to identify your | case:             |                          |             |                                    |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--------------------------|-------------|------------------------------------|--|--|
| Debtor 1                                                                                                                                                                                    | Carolyn A Willian       | ns                |                          |             |                                    |  |  |
|                                                                                                                                                                                             | First Name              | Middle Name       | Last Name                |             |                                    |  |  |
| Debtor 2                                                                                                                                                                                    |                         |                   |                          |             |                                    |  |  |
| (Spouse if, filing)                                                                                                                                                                         | First Name              | Middle Name       | Last Name                |             |                                    |  |  |
| United States Ba                                                                                                                                                                            | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS              |             |                                    |  |  |
| Case number _                                                                                                                                                                               |                         |                   |                          |             |                                    |  |  |
| (if known)                                                                                                                                                                                  |                         |                   |                          |             | Check if this is an amended filing |  |  |
| Official Fo <b>Statemer</b>                                                                                                                                                                 |                         | n for Individu    | uals Filing Under        | · Chapter 7 | 12/15                              |  |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. |                         |                   |                          |             |                                    |  |  |
| v d 201                                                                                                                                                                                     | 0.2. 111.00             |                   | v                        |             |                                    |  |  |
| x Contin                                                                                                                                                                                    | EM WULL                 | Might             | _ XSignature of Debtor : | n           |                                    |  |  |
| Carolyn A                                                                                                                                                                                   |                         |                   | Signature of Debtor .    | 2           |                                    |  |  |
| Signature of                                                                                                                                                                                | Deptor 1                |                   |                          |             |                                    |  |  |
| Date (                                                                                                                                                                                      | 0-7-18                  |                   | Date                     |             |                                    |  |  |

Document Page 13 of 53 Fill in this information to identify your case: Debtor 1 Carolyn A Williams Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | Summarize Your Assets                                                                                                                                                                                                   |              |                         |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
|     |                                                                                                                                                                                                                         | Your as      | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                   | \$           | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                            | \$           | 9,057.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                                 | \$           | 9,057.00                |
| Par | 12: Summarize Your Liabilities                                                                                                                                                                                          |              |                         |
|     |                                                                                                                                                                                                                         |              | abilities<br>t you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                      | \$           | 0.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                 | \$           | 1,231.00                |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                       | \$           | 54,348.00               |
|     | Your total liabilities                                                                                                                                                                                                  | \$           | 55,579.00               |
| Par | 3: Summarize Your Income and Expenses                                                                                                                                                                                   |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                               | \$           | 1,223.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                                                   | \$           | 1,829.00                |
| Par | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                                    |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                          | ur other sch | iedules.                |
| 7.  | Yes What kind of debt do you have?                                                                                                                                                                                      |              |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bounded purposes." 14.1 U.S. C. \$ 101(9). Fill out lines 8.00 for statistical purposes. 28.1 U.S. C. \$ 150 | a personal,  | family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Carolyn A Williams

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Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
|    | 122A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 Line 14.                              |

\$\_\_\_\_\_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total cla | aim      |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$        | 1,231.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$        | 1,231.00 |

|                                                |                                                                                                                                                                                                                                                                                                                        | Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Page 15 of 53                                                        |                                                                               |                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|
| this inform                                    | ation to identify your                                                                                                                                                                                                                                                                                                 | case and this filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                               |                                                            |
| r 1                                            | Carolyn A Willian                                                                                                                                                                                                                                                                                                      | ms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                               |                                                            |
|                                                | First Name                                                                                                                                                                                                                                                                                                             | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                            |                                                                               |                                                            |
| r 2                                            | First Name                                                                                                                                                                                                                                                                                                             | Medalla Nassa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Leat Name                                                            |                                                                               |                                                            |
| , if filing)                                   | First Name                                                                                                                                                                                                                                                                                                             | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                            |                                                                               |                                                            |
| l States Ban                                   | kruptcy Court for the:                                                                                                                                                                                                                                                                                                 | NORTHERN DISTRICT OF I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LLINOIS                                                              |                                                                               |                                                            |
| number                                         |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               | ☐ Check if this is an                                      |
|                                                |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               | amended filing                                             |
|                                                |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
| sial Far                                       | 106 A /D                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
|                                                |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
| nedule                                         | e A/B: Prop                                                                                                                                                                                                                                                                                                            | erty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                               | 12/15                                                      |
| fits best. Be<br>tion. If more<br>every questi | as complete and accura<br>space is needed, attach<br>ion.                                                                                                                                                                                                                                                              | ate as possible. If two married pe<br>a a separate sheet to this form. O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eople are filing together, both a<br>n the top of any additional pag | re equally responsible for                                                    | r supplying correct                                        |
| Describe E                                     | ach Residence, Building                                                                                                                                                                                                                                                                                                | g, Land, or Other Real Estate You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | u Own or Have an Interest In                                         |                                                                               |                                                            |
| ou own or ha                                   | ave any legal or equitabl                                                                                                                                                                                                                                                                                              | le interest in any residence, build                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ling, land, or similar property?                                     |                                                                               |                                                            |
| o Co to Bort                                   | 2                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
| 0. 00 10 1 4.11                                |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
| es. where is                                   | tne property?                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
| Describe Y                                     | our Vehicles                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
|                                                | •                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Executory Contracts and U                                         | mexpirea Leases.                                                              |                                                            |
| Make: P                                        | ontiac                                                                                                                                                                                                                                                                                                                 | Who has an interest i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n the property? Check one                                            |                                                                               | d claims or exemptions. Put                                |
| Model: G                                       | 66                                                                                                                                                                                                                                                                                                                     | ■ Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               | Claims Secured by Property.                                |
| Year: 2                                        | 007                                                                                                                                                                                                                                                                                                                    | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | Current value of the                                                          | Current value of the                                       |
|                                                |                                                                                                                                                                                                                                                                                                                        | Debtor 1 and Debto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or 2 only                                                            | entire property?                                                              | portion you own?                                           |
|                                                |                                                                                                                                                                                                                                                                                                                        | At least one of the o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | debtors and another                                                  |                                                                               |                                                            |
| value bas                                      | ed on NADA                                                                                                                                                                                                                                                                                                             | Check if this is co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | mmunity property                                                     | \$2,237.00                                                                    | 0 \$2,237.00                                               |
|                                                |                                                                                                                                                                                                                                                                                                                        | (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | minumity property                                                    |                                                                               |                                                            |
|                                                |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                               |                                                            |
| Describe Y                                     | ve attached for Part 2                                                                                                                                                                                                                                                                                                 | you own for all of your entrie . Write that number here sehold Items table interest in any of the fol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                               | \$2,237.00  Current value of the portion you own?          |
|                                                | r 1 r 2 r, if filing) I States Bannumber Cial For Dedule Category, se fits best. Be tition. If more every quest Describe E  ou own or ha o. Go to Part es. Where is Describe Y I own, lease ne else drive s, vans, tru lo es  Make: P Model: G Year: 2 Approximate Other inform. Value bas  ercraft, aire mples: Boats | Carolyn A Willian First Name  T 2 Tight First Name  I States Bankruptcy Court for the: Inumber  Cial Form 106A/B  Dedule A/B: Property: Category, separately list and descritifits best. Be as complete and accuration. If more space is needed, attachevery question.  Describe Each Residence, Building ou own or have any legal or equitable of the county of | this information to identify your case and this filing:  T.1         | this information to identify your case and this filing:    Carolyn A Williams | this information to identify your case and this filing:  1 |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

|                                                                    | Case 18-20991                                                                                                             | Doc 1         | Filed 07/26/18<br>Document                         | Entered 07/26/18 15:35:32                        | Desc Main                       |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------|--------------------------------------------------|---------------------------------|
| Debtor 1                                                           | Carolyn A Williams                                                                                                        |               | Document                                           | Page 16 of 53  Case number (if known)            |                                 |
| Yes.                                                               | . Describe                                                                                                                |               |                                                    |                                                  |                                 |
|                                                                    | Miscell                                                                                                                   | laneous us    | ed household goods                                 | 3                                                | \$800.00                        |
| □ No                                                               | oles: Televisions and radios; including cell phones, c                                                                    | cameras, med  | lia players, games                                 | oment; computers, printers, scanners; music c    |                                 |
|                                                                    | Miscell                                                                                                                   | laneous Ele   | ectronics                                          |                                                  | \$150.00                        |
| <i>Examp</i><br>□ No                                               | ibles of value bles: Antiques and figurines; other collections, memo                                                      |               |                                                    | oks, pictures, or other art objects; stamp, coin | , or baseball card collections; |
|                                                                    | Miscell                                                                                                                   | laneous bo    | oks, tapes, CD's, etc                              | 2.                                               | \$100.00                        |
| ■ No □ Yes.  10. Fireary Examy ■ No □ Yes.  11. Clother Examy □ No | musical instruments  Describe  ms  nples: Pistols, rifles, shotgun  Describe  ps  nples: Everyday clothes, furs  Describe | s, ammunition | n, and related equipmen<br>s, designer wear, shoes |                                                  |                                 |
|                                                                    | Person                                                                                                                    | al used clo   | othing                                             |                                                  | \$250.00                        |
| ☐ No                                                               | ples: Everyday jewelry, cost . Describe                                                                                   |               | engagement rings, wed                              | ding rings, heirloom jewelry, watches, gems, ç   | gold, silver<br>\$20.00         |
|                                                                    | Miscell                                                                                                                   |               | otume jeweny                                       |                                                  |                                 |
| Exam<br>■ No<br>□ Yes.                                             | arm animals apples: Dogs, cats, birds, hors . Describe                                                                    |               |                                                    |                                                  |                                 |
| ■ No                                                               |                                                                                                                           | -             | u did not already list, i                          | ncluding any health aids you did not list        |                                 |
| ☐ Yes.                                                             | . Give specific information                                                                                               |               |                                                    |                                                  |                                 |
|                                                                    | the dollar value of all of yo<br>Part 3. Write that number h                                                              |               |                                                    | ny entries for pages you have attached           | \$1,320.00                      |

Page 17 of 53

Case number (if known) Document Debtor 1 Carolyn A Williams Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... \$1,000.00 **Consumer Bank** 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: IRA **IRA** \$4.500.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Nο Institution name or individual: ☐ Yes. .....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No ☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

|              |                        | Case 18-20991                                                                                                 | Doc 1                       |                           | Entered 07/26/18 15:35:32                              | Desc Main                                                                         |
|--------------|------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| Debto        | or 1                   | Carolyn A Williams                                                                                            |                             | Document                  | Page 18 of 53 Case number (if known)                   |                                                                                   |
|              | Yes.                   | Give specific information a                                                                                   | bout them                   |                           |                                                        |                                                                                   |
| Ε            | Ехатр                  | s, copyrights, trademarks<br>oles: Internet domain name                                                       |                             |                           |                                                        |                                                                                   |
|              | No<br>Yes.             | Give specific information a                                                                                   | bout them                   |                           |                                                        |                                                                                   |
| <b>■</b>     | E <i>xamp</i><br>No    | es, franchises, and other<br>oles: Building permits, exclu<br>Give specific information a                     | isive licenses              |                           | n holdings, liquor licenses, professional licens       | es                                                                                |
| Mone         | ey or                  | property owed to you?                                                                                         |                             |                           |                                                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|              | No                     | funds owed to you                                                                                             | bout them. inc              | cluding whether you alre  | ady filed the returns and the tax years                |                                                                                   |
|              |                        | ent opening information at                                                                                    |                             | stading mission year and  | aa, maa ma maana aha ma aha jaanamiin                  |                                                                                   |
| <i>E</i>     | Examp<br>No            | support  ples: Past due or lump sum  Give specific information                                                | 37.1                        | usal support, child supp  | ort, maintenance, divorce settlement, property         | settlement                                                                        |
| <b>=</b>     | Examp<br>No            | amounts someone owes y<br>bles: Unpaid wages, disabili<br>benefits; unpaid loans<br>Give specific information | ty insurance                |                           | efits, sick pay, vacation pay, workers' compe          | nsation, Social Security                                                          |
| _E           |                        | ts in insurance policies oles: Health, disability, or life                                                    | e insurance; ł              | nealth savings account (  | HSA); credit, homeowner's, or renter's insurar         | nce                                                                               |
| -            | Yes.                   | Name the insurance compa<br>Com                                                                               | any of each p<br>pany name: | olicy and list its value. | Beneficiary:                                           | Surrender or refund value:                                                        |
|              |                        |                                                                                                               | n Life Insur<br>render Valu | rance Policy. No Ca<br>le | sh                                                     | \$0.00                                                                            |
| lf<br>s<br>■ | f you a<br>someo<br>No | terest in property that is care the beneficiary of a living the has died.  Give specific information          |                             |                           | ed<br>surance policy, or are currently entitled to rec | eive property because                                                             |
| E            |                        | against third parties, wholes: Accidents, employmer                                                           |                             |                           | it or made a demand for payment<br>s to sue            |                                                                                   |
|              |                        | Describe each claim                                                                                           |                             |                           |                                                        |                                                                                   |
|              | No                     | contingent and unliquidat  Describe each claim                                                                | ed claims of                | every nature, includin    | g counterclaims of the debtor and rights to            | set off claims                                                                    |
| 35. <b>A</b> | ny fin                 | nancial assets you did not                                                                                    | already list                |                           |                                                        |                                                                                   |
|              | No<br>Yes.             | Give specific information                                                                                     |                             |                           |                                                        |                                                                                   |

| Debtor '          | Carolyn A Williams                                                                                              | Document              | Page 19 of 53 Case number (if kno      | wn)        |
|-------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|------------|
|                   | ld the dollar value of all of your entries from<br>Part 4. Write that number here                               | , ,                   | , , ,                                  | \$5,500.00 |
| Part 5:           | Describe Any Business-Related Property You Ow                                                                   | n or Have an Intere   | st In. List any real estate in Part 1. |            |
| 37. <b>Do y</b> o | ou own or have any legal or equitable interest in a                                                             | ny business-related   | property?                              |            |
| No.               | Go to Part 6.                                                                                                   |                       |                                        |            |
| ☐ Yes             | s. Go to line 38.                                                                                               |                       |                                        |            |
|                   |                                                                                                                 |                       |                                        |            |
|                   | <b>Describe Any Farm- and Commercial Fishing-Rela</b> If you own or have an interest in farmland, list it in Pa |                       | own or Have an Interest In.            |            |
| 16. <b>Do</b> v   | you own or have any legal or equitable inter                                                                    | est in any farm- o    | r commercial fishing-related property? |            |
|                   | No. Go to Part 7.                                                                                               | •                     | 0 ,                                    |            |
|                   | Yes. Go to line 47.                                                                                             |                       |                                        |            |
|                   |                                                                                                                 |                       |                                        |            |
| Part 7:           | Describe All Property You Own or Have an Ir                                                                     | nterest in That You [ | Did Not List Above                     |            |
|                   | ou have other property of any kind you did                                                                      |                       |                                        |            |
|                   | amples: Season tickets, country club membersh                                                                   | nip                   |                                        |            |
| ■ No              | •                                                                                                               |                       |                                        |            |
| ⊔ Y€              | es. Give specific information                                                                                   |                       |                                        |            |
| 54. <b>A</b> d    | ld the dollar value of all of your entries from                                                                 | Part 7. Write that    | number here                            | \$0.00     |
|                   | ŕ                                                                                                               |                       |                                        |            |
| Part 8:           | List the Totals of Each Part of this Form                                                                       |                       |                                        |            |
| 55. <b>Pa</b>     | rt 1: Total real estate, line 2                                                                                 |                       |                                        | \$0.00     |
| 56. <b>Pa</b>     | rt 2: Total vehicles, line 5                                                                                    |                       | \$2,237.00                             |            |
| 57. <b>Pa</b>     | rt 3: Total personal and household items, li                                                                    | ne 15                 | \$1,320.00                             |            |
| 58. <b>Pa</b>     | rt 4: Total financial assets, line 36                                                                           | _                     | \$5,500.00                             |            |
| 59. <b>Pa</b>     | rt 5: Total business-related property, line 45                                                                  | 5                     | \$0.00                                 |            |

\$0.00

\$0.00

Copy personal property total

\$9,057.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

60. Part 6: Total farm- and fishing-related property, line 52

Total personal property. Add lines 56 through 61...

61. Part 7: Total other property not listed, line 54

\$9,057.00

\$9,057.00

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          | 17(1,111)         |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Carolyn A Willian        | ns                |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                 | Current value of the<br>portion you own |                                        |                                              | Specific laws that allow exemption |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------|----------------------------------------------|------------------------------------|
|                                                       | Copy the value from<br>Schedule A/B     | Check only one box for each exemption. |                                              |                                    |
| 2007 Pontiac G6 85,000 miles<br>Value based on NADA   | \$2,237.00                              | <b>.</b>                               | \$2,400.00                                   | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.1                           |                                         |                                        | r market value, up to<br>ble statutory limit |                                    |
| Miscellaneous used household goods                    | \$800.00                                | <b>=</b>                               | \$800.00                                     | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>6.1</b>                    |                                         |                                        | r market value, up to<br>ble statutory limit |                                    |
| Miscellaneous Electronics Line from Schedule A/B: 7.1 | \$150.00                                |                                        | \$0.00                                       | 735 ILCS 5/12-1001(b)              |
| Enteriori dericadie A.B. TT                           |                                         |                                        | r market value, up to<br>ble statutory limit |                                    |
| Miscellaneous books, tapes, CD's, etc.                | \$100.00                                | <b>.</b>                               | \$100.00                                     | 735 ILCS 5/12-1001(a)              |
| Line from Schedule A/B: 8.1                           |                                         |                                        | r market value, up to<br>ble statutory limit |                                    |
| Personal used clothing Line from Schedule A/B: 11.1   | \$250.00                                |                                        | \$250.00                                     | 735 ILCS 5/12-1001(a)              |
| Line nom Gonedule A/D. 1111                           |                                         |                                        | r market value, up to<br>ble statutory limit |                                    |

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Case number (if known)

| 00 | Carolyli A Williams                                                                     |                                      |                                                                   | Odde Hamber (II known)                                          |                                    |  |  |
|----|-----------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Amo                                                               | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|    |                                                                                         | Copy the value from<br>Schedule A/B  | Che                                                               | eck only one box for each exemption.                            |                                    |  |  |
|    | Miscellaneous costume jewelry Line from Schedule A/B: 12.1                              | \$20.00                              |                                                                   | \$20.00                                                         | 735 ILCS 5/12-1001(b)              |  |  |
|    | Line nom <i>Schedule AVB</i> . 12.1                                                     |                                      | □ 100% of fair market value, up to any applicable statutory limit |                                                                 |                                    |  |  |
|    | Checking: Consumer Bank Line from Schedule A/B: 17.1                                    | \$1,000.00                           |                                                                   | \$1,000.00                                                      | 735 ILCS 5/12-1001(b)              |  |  |
|    | Line Ironi Schedule AVB. 17-1                                                           |                                      |                                                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | IRA: IRA Line from Schedule A/B: 21.1                                                   | \$4,500.00                           |                                                                   | 100%                                                            | 735 ILCS 5/12-704                  |  |  |
|    | Line Holli Schedule AVB. 21.1                                                           |                                      |                                                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Term Life Insurance Policy. No Cash Surrender Value                                     | \$0.00                               |                                                                   | \$0.00                                                          | 215 ILCS 5/238                     |  |  |
|    | Line from Schedule A/B: 31.1                                                            |                                      |                                                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 |                                      |                                                                   | led on or after the date of adjustmer                           | nt.)                               |  |  |
|    | ■ No                                                                                    |                                      |                                                                   |                                                                 |                                    |  |  |
|    | ☐ Yes. Did you acquire the property covere                                              | ed by the exemption wi               | ithin 1                                                           | ,215 days before you filed this case                            | ?                                  |  |  |
|    | □ No                                                                                    |                                      |                                                                   |                                                                 |                                    |  |  |
|    | ☐ Yes                                                                                   |                                      |                                                                   |                                                                 |                                    |  |  |

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| Fill in this inform                     | ill in this information to identify your case: |                   |             |  |                     |  |  |  |  |  |
|-----------------------------------------|------------------------------------------------|-------------------|-------------|--|---------------------|--|--|--|--|--|
| Debtor 1                                | Debtor 1 Carolyn A Williams                    |                   |             |  |                     |  |  |  |  |  |
|                                         | First Name                                     | Middle Name       | Last Name   |  |                     |  |  |  |  |  |
| Debtor 2                                |                                                |                   |             |  |                     |  |  |  |  |  |
| (Spouse if, filing)                     | First Name                                     | Middle Name       | Last Name   |  |                     |  |  |  |  |  |
| United States Bankruptcy Court for the: |                                                | NORTHERN DISTRICT | OF ILLINOIS |  |                     |  |  |  |  |  |
| Case number                             |                                                |                   |             |  |                     |  |  |  |  |  |
| (if known)                              |                                                |                   |             |  | Check if this is an |  |  |  |  |  |
|                                         |                                                |                   |             |  | amended filing      |  |  |  |  |  |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - $\square$  Yes. Fill in all of the information below.

|                     |                                                                                       | Documen                          | t Page             | 23 of !      | 53                      | -                 |           |                  |
|---------------------|---------------------------------------------------------------------------------------|----------------------------------|--------------------|--------------|-------------------------|-------------------|-----------|------------------|
| Fill in this in     | formation to identify your cas                                                        | e:                               |                    |              |                         |                   |           |                  |
| Debtor 1            | Carolyn A Williams                                                                    |                                  |                    |              |                         |                   |           |                  |
| 20010.              | First Name                                                                            | Middle Name                      | Last Nam           | Э            |                         |                   |           |                  |
| Debtor 2            |                                                                                       |                                  |                    |              |                         |                   |           |                  |
| (Spouse if, filing) | First Name                                                                            | Middle Name                      | Last Nam           | Э            |                         |                   |           |                  |
| United States       | Bankruptcy Court for the: N                                                           | ORTHERN DISTRICT O               | F ILLINOIS         |              |                         |                   |           |                  |
| Case number         |                                                                                       |                                  |                    |              |                         |                   |           |                  |
| (if known)          |                                                                                       |                                  |                    |              |                         | П                 | Check if  | this is an       |
|                     |                                                                                       |                                  |                    |              |                         | _                 | mendec    |                  |
| ~(" ·               | 4005/5                                                                                |                                  |                    |              |                         |                   |           |                  |
|                     | orm 106E/F                                                                            |                                  |                    |              |                         |                   |           | 40/45            |
|                     | E/F: Creditors Who                                                                    |                                  |                    |              |                         |                   |           | 12/15            |
|                     | e and accurate as possible. Use Pa<br>contracts or unexpired leases tha               |                                  |                    |              |                         |                   |           |                  |
|                     | contracts or unexpired leases that<br>secutory Contracts and Unexpired                |                                  |                    |              |                         |                   |           |                  |
|                     | editors Who Have Claims Secure                                                        |                                  |                    |              |                         |                   |           |                  |
|                     | Continuation Page to this page. If                                                    | you have no information          | to report in a Pa  | rt, do not f | ile that Part. On the t | op of any addi    | tional pa | iges, write your |
|                     | number (if known).                                                                    |                                  |                    |              |                         |                   |           |                  |
|                     | st All of Your PRIORITY Unsec                                                         |                                  |                    |              |                         |                   |           |                  |
| No. Go              | editors have priority unsecured cl                                                    | aims against you?                |                    |              |                         |                   |           |                  |
| Yes.                | to Fait 2.                                                                            |                                  |                    |              |                         |                   |           |                  |
|                     | wiewit                                                                                | a araditar haa mara than an      |                    | المامامام    | at the exaditor concret | alv for acab alai | Faras     | ah alaim liatad  |
|                     | your priority unsecured claims. If<br>at type of claim it is. If a claim has be       |                                  |                    |              |                         |                   |           |                  |
| possible, lis       | st the claims in alphabetical order ac                                                | cording to the creditor's nan    | ne. If you have n  |              |                         |                   |           |                  |
| Part 1. If m        | ore than one creditor holds a particu                                                 | ular claim, list the other credi | itors in Part 3.   |              |                         |                   |           |                  |
| (For an exp         | planation of each type of claim, see                                                  | the instructions for this form   | in the instruction | booklet.)    | Total claim             | Priority          |           | Nonpriority      |
|                     |                                                                                       |                                  |                    |              |                         | amount            |           | amount           |
|                     | nal Revenue Service*                                                                  | Last 4 digits of a               | ccount number      | 6777         | \$1,231.00              |                   | 0.00      | \$1,231.00       |
|                     | y Creditor's Name<br><b>3ox 7346</b>                                                  | When was the de                  | ht incurred?       | 2014         |                         |                   |           |                  |
| _                   | adelphia, PA 19101-7346                                                               | When was the de                  | ebt incurreur      | 2014         |                         | _                 |           |                  |
|                     | er Street City State Zlp Code                                                         | As of the date yo                | u file, the claim  | is: Check a  | all that apply          |                   |           |                  |
| Who incu            | urred the debt? Check one.                                                            | ☐ Contingent                     |                    |              |                         |                   |           |                  |
| Debto               | r 1 only                                                                              | ☐ Unliquidated                   |                    |              |                         |                   |           |                  |
| ☐ Debto             | r 2 only                                                                              | ☐ Disputed                       |                    |              |                         |                   |           |                  |
| ☐ Debto             | r 1 and Debtor 2 only                                                                 | Type of PRIORIT                  | Y unsecured cla    | ıim:         |                         |                   |           |                  |
| ☐ At leas           | st one of the debtors and another                                                     | ☐ Domestic supp                  | ort obligations    |              |                         |                   |           |                  |
| ☐ Check             | k if this claim is for a community                                                    | debt Taxes and cer               | tain other debts   | ou owe the   | government              |                   |           |                  |
| Is the cla          | im subject to offset?                                                                 | ☐ Claims for dea                 | th or personal in  | ury while yo | ou were intoxicated     |                   |           |                  |
| ■ No                |                                                                                       | ☐ Other. Specify                 |                    |              |                         |                   |           |                  |
| ☐ Yes               |                                                                                       |                                  | Taxes              |              |                         |                   |           |                  |
| D( 0   111-         | · · · · · · · · · · · · · · · · · · ·                                                 | l                                |                    |              |                         |                   |           |                  |
|                     | st All of Your NONPRIORITY L                                                          |                                  |                    |              |                         |                   |           |                  |
|                     | editors have nonpriority unsecure                                                     |                                  |                    |              |                         |                   |           |                  |
|                     | u have nothing to report in this part.                                                | Submit this form to the court    | t with your other  | schedules.   |                         |                   |           |                  |
| Yes.                |                                                                                       |                                  |                    |              |                         |                   |           |                  |
|                     | your nonpriority unsecured claim                                                      |                                  |                    |              |                         |                   |           |                  |
|                     | claim, list the creditor separately for<br>reditor holds a particular claim, list the |                                  |                    |              |                         |                   |           |                  |

Total claim

Part 2.

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Debtor 1 Carolyn A Williams Case number (if know) 4.1 \$1,402.00 Capital One Last 4 digits of account number 8669 Nonpriority Creditor's Name Attn: Bankruptcy Opened 6/01/08 Last Active Po Box 30285 When was the debt incurred? 10/21/14 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 **Certified Services Inc** Last 4 digits of account number 620B \$860.00 Nonpriority Creditor's Name Po Box 177 When was the debt incurred? Opened 2/01/15 Waukegan, IL 60079 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Heart And Vascular ☐ Yes Other. Specify Lake Cty 4.3 **Certified Services Inc** Last 4 digits of account number \$115.00 6210 Nonpriority Creditor's Name Po Box 177 When was the debt incurred? Opened 3/01/13 Waukegan, IL 60079 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Associates For Family ■ Other. Specify **Dentistr** ☐ Yes

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Debtor 1 Carolyn A Williams Case number (if know) 4.4 \$30.00 **Certified Services Inc** Last 4 digits of account number 8500 Nonpriority Creditor's Name Po Box 177 When was the debt incurred? Opened 2/01/15 Waukegan, IL 60079 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other, Specify Collection Attorney Lake Heart Specialists ☐ Yes 4.5 **Comenity Bank/Kings Sizes** Last 4 digits of account number 2918 \$128.00 Nonpriority Creditor's Name Attention: Bankruptcy Opened 6/01/15 Last Active Po Box 182125 When was the debt incurred? 9/02/15 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes \$186.00 4.6 Comenity Bank/Sizes Last 4 digits of account number 2894 Nonpriority Creditor's Name **Comenity Bank** Opened 1/01/13 Last Active Po Box 182125 When was the debt incurred? 8/01/15 Columbus, OH 47321 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Carolyn A Williams Case number (if know) 4.7 \$1,468.00 **Dell Financial Services** Last 4 digits of account number 7466 Nonpriority Creditor's Name **Dell Financial Services Attn:** Opened 4/01/07 Last Active **Bankrupcty** When was the debt incurred? 8/30/12 Po Box 81577 Austin, TX 78708 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.8 Ginnys/Swiss Colony Inc \$230.00 Last 4 digits of account number 2570 Nonpriority Creditor's Name Opened 2/01/09 Last Active Attn: Bankruptcy 1112 7th Ave When was the debt incurred? 11/12/09 Monroe, WI 53566 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 Jefferson Capital Systems, LLC \$339.00 Last 4 digits of account number 2003 Nonpriority Creditor's Name 16 Mcleland Rd When was the debt incurred? Opened 9/01/11 Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Fingerhut** 

☐ Yes

Other. Specify Direct Mrkting

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Case number (if know)

| Debtor   | 1 Carolyn A Williams                                                    | ——————————————————————————————————————                                                                         | Case number (if know)                        |            |  |  |  |  |  |
|----------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------|--|--|--|--|--|
| 4.1<br>0 | Med Business Bureau                                                     | Last 4 digits of account number                                                                                | 5010                                         | \$979.00   |  |  |  |  |  |
|          | Nonpriority Creditor's Name Po Box 1219 Park Ridge, IL 60068            | When was the debt incurred?                                                                                    | Opened 12/01/14                              |            |  |  |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim i                                                                           | is: Check all that apply                     |            |  |  |  |  |  |
|          | ■ Debtor 1 only                                                         | ☐ Contingent                                                                                                   |                                              |            |  |  |  |  |  |
|          | Debtor 2 only                                                           | ☐ Unliquidated                                                                                                 |                                              |            |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ Disputed                                 |                                                                                                                |                                              |            |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured                                                                                  | d claim:                                     |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                                | ☐ Student loans                                                                                                |                                              |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?                                    | ☐ Obligations arising out of a sepa report as priority claims                                                  | ration agreement or divorce that you did not |            |  |  |  |  |  |
|          | ■ No                                                                    | Debts to pension or profit-sharin                                                                              | g plans, and other similar debts             |            |  |  |  |  |  |
|          | ☐ Yes                                                                   | ■ Other. Specify Medical Great                                                                                 |                                              |            |  |  |  |  |  |
| 4.1      | Midland Credit Management                                               | Last 4 digits of account number                                                                                | 6777                                         | \$1,157.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name<br>8875 Aero Drive<br>San Diego, CA 92123   | When was the debt incurred?                                                                                    | 2017                                         |            |  |  |  |  |  |
|          | Number Street City State Zlp Code                                       | As of the date you file, the claim i                                                                           | is: Check all that apply                     |            |  |  |  |  |  |
|          | Who incurred the debt? Check one.                                       |                                                                                                                |                                              |            |  |  |  |  |  |
|          | ■ Debtor 1 only                                                         |                                                                                                                |                                              |            |  |  |  |  |  |
|          | □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed  |                                                                                                                |                                              |            |  |  |  |  |  |
|          |                                                                         |                                                                                                                |                                              |            |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                               | d claim:                                                                                                       |                                              |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                                | Student loans                                                                                                  |                                              |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?                                    | Obligations arising out of a separeport as priority claims                                                     |                                              |            |  |  |  |  |  |
|          | No                                                                      | ☐ Debts to pension or profit-sharin                                                                            | g plans, and other similar debts             |            |  |  |  |  |  |
|          | Yes                                                                     | Other. Specify Collection                                                                                      | Account for Barclays                         |            |  |  |  |  |  |
| 4.1      | Midland Funding                                                         | Last 4 digits of account number                                                                                | 5434                                         | \$1,158.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name 2365 Northside Dr Ste 30 Son Diogo CA 03108 | When was the debt incurred?                                                                                    | Opened 12/01/13                              |            |  |  |  |  |  |
|          | San Diego, CA 92108  Number Street City State Zlp Code                  | As of the date you file, the claim i                                                                           | is: Check all that apply                     |            |  |  |  |  |  |
|          | Who incurred the debt? Check one.                                       | -                                                                                                              |                                              |            |  |  |  |  |  |
|          | ■ Debtor 1 only                                                         | ☐ Contingent                                                                                                   |                                              |            |  |  |  |  |  |
|          | Debtor 2 only                                                           |                                                                                                                |                                              |            |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                                            | ☐ Disputed                                                                                                     |                                              |            |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                               | d claim:                                                                                                       |                                              |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community                                | ☐ Student loans                                                                                                |                                              |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?                                    | Obligations arising out of a sepa<br>report as priority claims                                                 |                                              |            |  |  |  |  |  |
|          | No                                                                      | o plans, and other similar debts                                                                               |                                              |            |  |  |  |  |  |
|          | — NO                                                                    | ☐ Debts to pension or profit-sharing plans, and other similar debts  _ Factoring Company Account Barclays Bank |                                              |            |  |  |  |  |  |
|          | □Yes                                                                    | Other. Specify Delaware                                                                                        | Joinpany Account Darciays Dank               |            |  |  |  |  |  |

Document Page 28 of 53 Debtor 1 Carolyn A Williams Case number (if know)

| Vista Health System                              | Last 4 digits of account number                            | 6777                                         | \$46,296. |  |  |  |  |
|--------------------------------------------------|------------------------------------------------------------|----------------------------------------------|-----------|--|--|--|--|
| Nonpriority Creditor's Name  1324 N Sheridan Rd. |                                                            | 2013                                         |           |  |  |  |  |
| Waukegan, IL 60085                               |                                                            |                                              |           |  |  |  |  |
| Number Street City State Zlp Code                | As of the date you file, the claim i                       | s: Check all that apply                      |           |  |  |  |  |
| Who incurred the debt? Check one.                |                                                            |                                              |           |  |  |  |  |
| ■ Debtor 1 only                                  | ☐ Contingent                                               |                                              |           |  |  |  |  |
| Debtor 2 only                                    | ☐ Unliquidated                                             |                                              |           |  |  |  |  |
| Debtor 1 and Debtor 2 only                       | ☐ Disputed                                                 |                                              |           |  |  |  |  |
| ☐ At least one of the debtors and another        | Type of NONPRIORITY unsecured claim:                       |                                              |           |  |  |  |  |
| ☐ Check if this claim is for a community         | ☐ Student loans                                            |                                              |           |  |  |  |  |
| debt<br>s the claim subject to offset?           | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |           |  |  |  |  |
| No                                               | Debts to pension or profit-sharing                         | g plans, and other similar debts             |           |  |  |  |  |
| ☐ Yes                                            | Other. Specify Medical                                     |                                              |           |  |  |  |  |

## Part 3: List Others to Be Notified About a Debt That You Already Listed

### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                                                         |     | Total Claim     |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|-----------------|
|              | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00      |
| Total claims |     |                                                                                                         |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>1,231.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>1,231.00  |
|              |     |                                                                                                         |     | Total Claim     |
|              | 6f. | Student loans                                                                                           | 6f. | \$<br>0.00      |
| Total claims |     |                                                                                                         |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>54,348.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>54,348.00 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                                         |                          | 12111111          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                      |
|-----------------------------------------|--------------------------|-------------------|-----------------------------------------|----------------------|
| Fill in this infor                      | rmation to identify your | case:             |                                         |                      |
| Debtor 1                                | Carolyn A Willian        | ns                |                                         |                      |
|                                         | First Name               | Middle Name       | Last Name                               |                      |
| Debtor 2                                |                          |                   |                                         |                      |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name                               |                      |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS                             |                      |
| Case number                             |                          |                   |                                         |                      |
| (if known)                              |                          |                   |                                         | ☐ Check if this is a |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   | _                                       |
|     | City      |              | State                                                 | ZIP Code          |                                         |
| 2.2 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   |                                         |
|     | City      |              | State                                                 | ZIP Code          |                                         |
| 2.3 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   |                                         |
|     | Number    | Street       |                                                       |                   | <del>_</del>                            |
|     | City      |              | State                                                 | ZIP Code          |                                         |
| 2.4 | •         |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   |                                         |
|     | City      |              | State                                                 | ZIP Code          |                                         |
| 2.5 |           |              |                                                       |                   |                                         |
|     | Name      |              |                                                       |                   | _                                       |
|     | Number    | Street       |                                                       |                   | _                                       |
|     | City      |              | State                                                 | ZIP Code          |                                         |
|     |           |              |                                                       |                   |                                         |

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Docume                                                                                    | ent Page 30 o                                                    | ot 53                                                 |                                                                                                              |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Fill in this                | information to identify you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r case:                                                                                   |                                                                  |                                                       |                                                                                                              |
| Debtor 1                    | Carolyn A Willia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mo                                                                                        |                                                                  |                                                       |                                                                                                              |
| Debior 1                    | Carolyn A Willia First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle Name                                                                               | Last Name                                                        |                                                       |                                                                                                              |
| Debtor 2                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  |                                                       |                                                                                                              |
| (Spouse if, fili            | ng) First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Middle Name                                                                               | Last Name                                                        |                                                       |                                                                                                              |
| United Sta                  | ates Bankruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NORTHERN DISTRICT                                                                         | OF ILLINOIS                                                      |                                                       |                                                                                                              |
|                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                  |                                                       |                                                                                                              |
| Case num                    | ber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                  |                                                       |                                                                                                              |
| (if known)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  |                                                       | Check if this is an                                                                                          |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  |                                                       | amended filing                                                                                               |
| Officia                     | l Form 106H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                  |                                                       |                                                                                                              |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | dalatana                                                                                  |                                                                  |                                                       |                                                                                                              |
| <u>Scnec</u>                | lule H: Your Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aeptors                                                                                   |                                                                  |                                                       | 12/15                                                                                                        |
| Arizor  No.  Yes  3. In Col | hin the last 8 years, have yong, California, Idaho, Louisiana<br>Go to line 3.  B. Did your spouse, former spouse, | a, Nevada, New Mexico, Pu<br>ouse, or legal equivalent live<br>otors. Do not include your | erto Rico, Texas, Wash with you at the time? spouse as a codebto | nington, and Wisconsin.)<br>r if your spouse is filin | y states and territories include<br>g with you. List the person shown<br>he creditor on Schedule D (Official |
| Form                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  |                                                       | Schedule E/F, or Schedule G to fill                                                                          |
|                             | Column 1: Your codebtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 71D O - d -                                                                               |                                                                  |                                                       | editor to whom you owe the debt                                                                              |
|                             | Name, Number, Street, City, State and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ZIF GOOD                                                                                  |                                                                  | Check all schedule                                    | es tnat apply:                                                                                               |
| 3.1                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  | ☐ Schedule D, lin                                     | ne.                                                                                                          |
|                             | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                                  | ☐ Schedule E/F,                                       |                                                                                                              |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  | ☐ Schedule G, lin                                     |                                                                                                              |
| -                           | N. I. O. I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                  |                                                       |                                                                                                              |
|                             | Number Street<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                     | ZIP Code                                                         |                                                       |                                                                                                              |
|                             | on, y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ciaio                                                                                     | 2 0000                                                           |                                                       |                                                                                                              |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  | <b>—</b> - :                                          |                                                                                                              |
| 3.2                         | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                                  | Schedule D, lin                                       |                                                                                                              |
|                             | Ivallic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                  | ☐ Schedule E/F,                                       |                                                                                                              |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                  | ☐ Schedule G, lin                                     | ne                                                                                                           |
|                             | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                                                                  |                                                       |                                                                                                              |
|                             | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State                                                                                     | ZIP Code                                                         |                                                       |                                                                                                              |

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|                    |                                                                                                                                                       |                                                                                     |                                            |                       |               | _                    |                               |                         |                               |                 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------|-----------------------|---------------|----------------------|-------------------------------|-------------------------|-------------------------------|-----------------|
| Fill               | in this information to identify your of                                                                                                               | case:                                                                               |                                            |                       |               |                      |                               |                         |                               |                 |
| Del                | otor 1 Carolyn A V                                                                                                                                    | Villiams                                                                            |                                            |                       | _             |                      |                               |                         |                               |                 |
|                    | otor 2<br>ouse, if filing)                                                                                                                            |                                                                                     |                                            |                       | _             |                      |                               |                         |                               |                 |
| Uni                | ted States Bankruptcy Court for the                                                                                                                   | e: NORTHERN DISTRIC                                                                 | CT OF ILLINOIS                             |                       | _             |                      |                               |                         |                               |                 |
|                    | se number<br>nown)                                                                                                                                    |                                                                                     | -                                          |                       |               | □ A                  |                               | d filing<br>ent showi   | ng postpetition               |                 |
| $\bigcirc$         | fficial Form 106I                                                                                                                                     |                                                                                     |                                            |                       |               | _                    |                               |                         | lollowing date:               |                 |
|                    | chedule I: Your Inc                                                                                                                                   | omo                                                                                 |                                            |                       |               | N                    | 1M / DD/ Y                    | YYY                     |                               | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as pos<br>plying correct information. If you<br>use. If you are separated and yo<br>ch a separate sheet to this form.<br>t1: | i are married and not fili<br>ur spouse is not filing w<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i<br>de inforr | s liv<br>nati | ing with<br>on about | you, included your spo        | ude infor<br>ouse. If m | mation about<br>nore space is | your<br>needed, |
| 1.                 | Fill in your employment information.                                                                                                                  |                                                                                     | Debtor 1                                   |                       |               |                      | Debtor 2 or non-filing spouse |                         |                               |                 |
|                    | If you have more than one job,                                                                                                                        | Employment status                                                                   | ☐ Employed                                 | ☐ Employed            |               |                      | ☐ Emplo                       | oyed                    |                               |                 |
|                    | attach a separate page with information about additional                                                                                              | Employment status                                                                   | ■ Not employed                             |                       |               |                      | □ Not e                       | mployed                 |                               |                 |
|                    | employers.                                                                                                                                            | Occupation                                                                          | Disabled                                   |                       |               |                      |                               |                         |                               |                 |
|                    | Include part-time, seasonal, or self-employed work.                                                                                                   | Employer's name                                                                     |                                            |                       |               |                      |                               |                         |                               |                 |
|                    | Occupation may include student or homemaker, if it applies.                                                                                           | Employer's address                                                                  |                                            |                       |               |                      |                               |                         |                               |                 |
|                    |                                                                                                                                                       | How long employed t                                                                 | here?                                      |                       |               |                      |                               |                         |                               |                 |
| Par                | t 2: Give Details About Mo                                                                                                                            |                                                                                     |                                            |                       |               |                      |                               |                         |                               |                 |
|                    | mate monthly income as of the cuse unless you are separated.                                                                                          | •                                                                                   | you have nothing to re                     | eport for             | any           | line, write          | e \$0 in the                  | space. Ir               | nclude your no                | n-filing        |
| -                  | u or your non-filing spouse have me space, attach a separate sheet to                                                                                 |                                                                                     | ombine the informatio                      | n for all e           | mple          | oyers for            | that perso                    | n on the                | lines below. If               | you need        |
|                    |                                                                                                                                                       |                                                                                     |                                            |                       |               | For Del              | otor 1                        |                         | ebtor 2 or<br>ling spouse     |                 |
| 2.                 | List monthly gross wages, sale deductions). If not paid monthly,                                                                                      | •                                                                                   |                                            | 2.                    | \$            |                      | 0.00                          | \$                      | N/A                           |                 |
| 3.                 | Estimate and list monthly over                                                                                                                        | time pay.                                                                           |                                            | 3.                    | +\$           |                      | 0.00                          | +\$                     | N/A                           |                 |
| 4.                 | Calculate gross Income. Add I                                                                                                                         | ne 2 + line 3.                                                                      |                                            | 4.                    | \$            |                      | 0.00                          | \$                      | N/A                           |                 |

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| Deb | otor 1              | Carolyn A Williams                                                                                                                                                                                                                                                                                   | -         | (              | Case i    | number ( <i>if l</i> | knowi | 7)         |           |                      |               |     |             |
|-----|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-----------|----------------------|-------|------------|-----------|----------------------|---------------|-----|-------------|
|     |                     |                                                                                                                                                                                                                                                                                                      |           |                | For       | Debtor 1             |       |            |           | Debtor<br>n-filing s |               | е   |             |
|     | Cop                 | by line 4 here                                                                                                                                                                                                                                                                                       | 4.        |                | \$        |                      | 0.0   | 0          | \$        |                      | N/            |     |             |
| 5.  | List                | all payroll deductions:                                                                                                                                                                                                                                                                              |           |                |           |                      |       |            |           |                      |               |     |             |
|     | 5a.                 | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                        | 5a        | ì.             | \$        |                      | 0.0   | 0          | \$        |                      | N/            | Δ.  |             |
|     | 5b.                 | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                         | 5b        |                | \$        |                      | 0.0   |            | \$_       |                      | N/            |     |             |
|     | 5c.                 | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                         | 5c        | <b>:</b> .     | \$        |                      | 0.0   | _          | \$        |                      | N/            |     |             |
|     | 5d.                 | Required repayments of retirement fund loans                                                                                                                                                                                                                                                         | 5d        | i.             | \$        |                      | 0.0   | 0          | \$_       |                      | N/            | Ά   |             |
|     | 5e.                 | Insurance                                                                                                                                                                                                                                                                                            | 5e        | <del>)</del> . | \$        |                      | 0.0   | 0          | \$        |                      | N/            | Ά   |             |
|     | 5f.                 | Domestic support obligations                                                                                                                                                                                                                                                                         | 5f.       |                | \$        |                      | 0.0   | 0          | \$        |                      | N/            | Ά   |             |
|     | 5g.                 | Union dues                                                                                                                                                                                                                                                                                           | 5g        | J.             | \$        |                      | 0.0   |            | \$        |                      | N/            | Ά   |             |
|     | 5h.                 | Other deductions. Specify:                                                                                                                                                                                                                                                                           | 5h        | 1.+            | \$        |                      | 0.0   | 0 -        | + \$      |                      | N/            | Α   |             |
| 6.  | Add                 | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                         | 6.        |                | \$        |                      | 0.0   | 0          | \$        |                      | N/            | Ά_  |             |
| 7.  | Cal                 | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                     | 7.        |                | \$        |                      | 0.0   | 0          | \$_       |                      | N/            | Ά_  |             |
| 8.  | List<br>8a.         | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 8a        |                | \$        |                      | 0.0   | •          | \$        |                      | NI            |     |             |
|     | 8b.                 | Interest and dividends                                                                                                                                                                                                                                                                               | 8b        |                | \$<br>-   |                      | 0.0   |            | \$<br>    |                      | N/<br>N/      |     |             |
|     | 8c.                 | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                   | 8c        | <b>;</b> .     | \$        |                      | 0.0   |            | \$        |                      | N/            |     |             |
|     | 8d.                 | Unemployment compensation                                                                                                                                                                                                                                                                            | 8d        | i.             | \$        |                      | 0.0   |            | \$        |                      | N/            | Ά   |             |
|     | 8e.                 | Social Security                                                                                                                                                                                                                                                                                      | 8e        | €.             | \$        | 1,22                 | 3.0   | 0          | \$        |                      | N/            | Α   |             |
|     | 8f.<br>8g.          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f.<br>8g |                | \$_<br>\$ |                      | 0.0   |            | \$_<br>\$ |                      | N/<br>N/      |     |             |
|     | 8h.                 | Other monthly income. Specify:                                                                                                                                                                                                                                                                       | 8h        | 1.+            | \$        |                      | 0.0   | <u>o</u> - | + \$_     |                      | N/            | Ά   |             |
| 9.  | Add                 | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                               | 9.        | 9              | §         | 1,22                 | 3.0   | 0          | \$_       |                      |               | I/A |             |
| 10  | Cal                 | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                          | 10.       | \$             |           | 1,223.00             | 1.[   | \$         |           | N/A                  | 2 - 2         | 1   | 1.223.00    |
| 10. |                     | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                               | 10.       | Ψ_             |           | 1,223.00             | ] [   | Ψ_         |           | IVA                  |               |     | 1,223.00    |
| 11. | Incli<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:                             | depe      |                | •         | ,                    |       |            | •         |                      | e J.<br>+\$ _ |     | 0.00        |
| 12. |                     | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies                                                                                                                                          |           |                |           |                      |       |            |           | 12.                  | \$_           | 1   | 1,223.00    |
| 40  | <b>D</b> -          |                                                                                                                                                                                                                                                                                                      | •         |                |           |                      |       |            |           |                      | Com           |     | d<br>income |
| 13. | Do ;<br>■           | you expect an increase or decrease within the year after you file this form  No.  Yes Explain:                                                                                                                                                                                                       | (         |                |           |                      |       |            |           |                      |               |     |             |

Official Form 106I Schedule I: Your Income page 2

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| Fill in this in            | nformation to identify yo                        | our case:              |                                                                           |                                             |                  |                                              |                                               |
|----------------------------|--------------------------------------------------|------------------------|---------------------------------------------------------------------------|---------------------------------------------|------------------|----------------------------------------------|-----------------------------------------------|
| Debtor 1                   | Carolyn A W                                      |                        |                                                                           |                                             | Che              | eck if this is:                              |                                               |
|                            | <u></u>                                          |                        |                                                                           |                                             |                  | An amended filing                            |                                               |
| Debtor 2<br>(Spouse, if fi | ling)                                            |                        |                                                                           |                                             |                  | A supplement shown 13 expenses as of         | wing postpetition chapter the following date: |
| United State               | s Bankruptcy Court for the                       | : NORTH                | ERN DISTRICT OF ILLIN                                                     | OIS                                         |                  | MM / DD / YYYY                               |                                               |
| Case numbe<br>(If known)   | r                                                |                        |                                                                           |                                             |                  |                                              |                                               |
| Officia                    | l Form 106J                                      |                        |                                                                           |                                             | '                |                                              |                                               |
| Sched                      | dule J: Your                                     | Exper                  | nses                                                                      |                                             |                  |                                              | 12/1                                          |
| Be as com informatio       | plete and accurate as                            | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this                   | e filing together, b<br>form. On the top of | oth are equition | ually responsible fo<br>ional pages, write y | or supplying correct<br>your name and case    |
|                            | Describe Your House                              | hold                   |                                                                           |                                             |                  |                                              |                                               |
| _                          | s a joint case?                                  |                        |                                                                           |                                             |                  |                                              |                                               |
|                            | o. Go to line 2.<br>s. <b>Does Debtor 2 live</b> | in a separ             | ate household?                                                            |                                             |                  |                                              |                                               |
|                            | □ No                                             | •                      | al Form 106J-2, Expenses                                                  | for Sanarata House                          | shold of Do      | htor 2                                       |                                               |
|                            |                                                  | _                      | arronn 1000-2, Expenses                                                   | Tor Separate House                          | inola of De      | DIOI 2.                                      |                                               |
| •                          | ou have dependents?                              | ■ No                   | =                                                                         |                                             |                  |                                              |                                               |
| Do no<br>Debto             | t list Debtor 1 and<br>r 2.                      | ☐ Yes.                 | Fill out this information for each dependent                              | Dependent's relation Debtor 1 or Debtor     |                  | Dependent's age                              | Does dependent live with you?                 |
| Do no                      | t state the                                      |                        |                                                                           |                                             |                  |                                              | □ No                                          |
| depen                      | idents names.                                    |                        |                                                                           |                                             |                  |                                              | Yes                                           |
|                            |                                                  |                        |                                                                           |                                             |                  |                                              | □ No                                          |
|                            |                                                  |                        |                                                                           |                                             |                  |                                              | ☐ Yes<br>☐ No                                 |
|                            |                                                  |                        |                                                                           |                                             |                  |                                              | ☐ Yes                                         |
|                            |                                                  |                        |                                                                           |                                             |                  |                                              | □ No                                          |
|                            |                                                  |                        |                                                                           |                                             |                  |                                              | ☐ Yes                                         |
| exper                      | our expenses include<br>nses of people other t   | han $_{m \Box}$        | No<br>Yes                                                                 |                                             |                  |                                              |                                               |
| yours                      | elf and your depende                             | nts? ⊔                 | res                                                                       |                                             |                  |                                              |                                               |
| Estimate y                 | as of a date after the                           | our bankr              | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                                             |                  |                                              |                                               |
|                            | of such assistance an                            |                        | government assistance it<br>cluded it on <i>Schedule I:</i> Y             |                                             |                  | Your exp                                     | enses                                         |
| (Official I                | 51111 1001. <i>)</i>                             |                        |                                                                           |                                             |                  |                                              |                                               |
|                            | ental or home owners<br>ents and any rent for th |                        | ses for your residence. In<br>or lot.                                     | nclude first mortgage                       | e<br>4.          | \$                                           | 800.00                                        |
| If not                     | included in line 4:                              |                        |                                                                           |                                             |                  |                                              |                                               |
| 4a.                        | Real estate taxes                                |                        |                                                                           |                                             | 4a.              | \$                                           | 0.00                                          |
|                            | Property, homeowner's                            |                        |                                                                           |                                             | 4b.              | ·                                            | 0.00                                          |
|                            | Home maintenance, re                             |                        |                                                                           |                                             | 4c.              | ·                                            | 0.00                                          |
| 4d.                        | Homeowner's associational mortgage payme         |                        | dominium dues<br><b>our residence</b> , such as ho                        | mo oquity loops                             | 4d.<br>5.        |                                              | 0.00                                          |

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| Deb         | tor 1   | Carolyn                                                                                                                                                                                                                                                    | A Williams                                             | Case num                     | nber (if known) |          |  |  |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------|-----------------|----------|--|--|
| 6.          | Utiliti | ies:                                                                                                                                                                                                                                                       |                                                        |                              |                 |          |  |  |
| ٥.          | 6a.     |                                                                                                                                                                                                                                                            | , heat, natural gas                                    | 6a.                          | \$              | 150.00   |  |  |
|             | 6b.     |                                                                                                                                                                                                                                                            | wer, garbage collection                                | 6b.                          | \$              | 0.00     |  |  |
|             | 6c.     |                                                                                                                                                                                                                                                            | e, cell phone, Internet, satellite, and cable services | 6c.                          | \$              | 200.00   |  |  |
|             | 6d.     | Other. Sp                                                                                                                                                                                                                                                  | ecify:                                                 | 6d.                          | \$              | 0.00     |  |  |
| 7.          | Food    | and hous                                                                                                                                                                                                                                                   | ekeeping supplies                                      | 7.                           | \$              | 200.00   |  |  |
| 8.          |         |                                                                                                                                                                                                                                                            | children's education costs                             | 8.                           | \$              | 0.00     |  |  |
| 9.          | Cloth   | hing, laund                                                                                                                                                                                                                                                | ry, and dry cleaning                                   | 9.                           | \$              | 16.00    |  |  |
| 10.         | Perso   | onal care p                                                                                                                                                                                                                                                | products and services                                  | 10.                          | \$              | 0.00     |  |  |
|             |         | -                                                                                                                                                                                                                                                          | ntal expenses                                          | 11.                          | \$              | 150.00   |  |  |
|             |         |                                                                                                                                                                                                                                                            | Include gas, maintenance, bus or train fare.           |                              |                 |          |  |  |
|             |         |                                                                                                                                                                                                                                                            | ar payments.                                           | 12.                          | •               | 80.00    |  |  |
| 13.         | Ente    | rtainment,                                                                                                                                                                                                                                                 | clubs, recreation, newspapers, magazines, and I        | <b>oooks</b> 13.             | \$              | 0.00     |  |  |
| 14.         | Char    | itable cont                                                                                                                                                                                                                                                | ributions and religious donations                      | 14.                          | \$              | 0.00     |  |  |
| 15.         | Insur   | rance.                                                                                                                                                                                                                                                     |                                                        |                              |                 |          |  |  |
|             |         |                                                                                                                                                                                                                                                            | nsurance deducted from your pay or included in lines   |                              |                 |          |  |  |
|             |         | Life insura                                                                                                                                                                                                                                                |                                                        | 15a.                         | *               | 67.00    |  |  |
|             | 15b.    | Health ins                                                                                                                                                                                                                                                 | urance                                                 | 15b.                         | \$              | 0.00     |  |  |
|             | 15c.    | Vehicle in                                                                                                                                                                                                                                                 | surance                                                | 15c.                         | \$              | 166.00   |  |  |
|             | 15d.    | Other insu                                                                                                                                                                                                                                                 | ırance. Specify:                                       | 15d.                         | \$              | 0.00     |  |  |
| 16.         |         |                                                                                                                                                                                                                                                            | clude taxes deducted from your pay or included in li   |                              |                 |          |  |  |
|             | Spec    | ,                                                                                                                                                                                                                                                          |                                                        | 16.                          | \$              | 0.00     |  |  |
| 17.         |         |                                                                                                                                                                                                                                                            | ease payments:                                         |                              | •               |          |  |  |
|             |         |                                                                                                                                                                                                                                                            | ents for Vehicle 1                                     | 17a.                         |                 | 0.00     |  |  |
|             |         |                                                                                                                                                                                                                                                            | ents for Vehicle 2                                     | 17b.                         |                 | 0.00     |  |  |
|             |         | Other. Sp                                                                                                                                                                                                                                                  |                                                        |                              | · -             | 0.00     |  |  |
|             |         | Other. Spe                                                                                                                                                                                                                                                 | ·                                                      | 17d.                         | \$              | 0.00     |  |  |
| 18.         |         |                                                                                                                                                                                                                                                            | of alimony, maintenance, and support that you of       |                              | ¢               | 0.00     |  |  |
| 10          |         |                                                                                                                                                                                                                                                            | your pay on line 5, Schedule I, Your Income (Offi      | olal i olili 1001 <i>)</i> . | \$              |          |  |  |
| 19.         |         |                                                                                                                                                                                                                                                            | s you make to support others who do not live wit       | •                            |                 | 0.00     |  |  |
| 20          | Spec    |                                                                                                                                                                                                                                                            | erty expenses not included in lines 4 or 5 of this     | 19.                          |                 |          |  |  |
| 20.         |         |                                                                                                                                                                                                                                                            | s on other property                                    | 20a.                         |                 | 0.00     |  |  |
|             |         | Real estat                                                                                                                                                                                                                                                 |                                                        | 20b.                         |                 | 0.00     |  |  |
|             |         |                                                                                                                                                                                                                                                            | homeowner's, or renter's insurance                     | 20c.                         |                 | 0.00     |  |  |
|             |         |                                                                                                                                                                                                                                                            | nce, repair, and upkeep expenses                       | 20d.                         |                 | 0.00     |  |  |
|             |         |                                                                                                                                                                                                                                                            | er's association or condominium dues                   | 20d.<br>20e.                 |                 | 0.00     |  |  |
| 24          |         |                                                                                                                                                                                                                                                            | ers association of condominatin dues                   |                              | · -             |          |  |  |
| ۷١.         | Otne    | r: Specify:                                                                                                                                                                                                                                                | -                                                      | 21.                          | +\$             | 0.00     |  |  |
| 22.         | Calc    | ulate your                                                                                                                                                                                                                                                 | monthly expenses                                       |                              |                 |          |  |  |
|             | 22a.    | Add lines 4                                                                                                                                                                                                                                                | through 21.                                            |                              | \$              | 1,829.00 |  |  |
|             | 22b.    | Copy line 2                                                                                                                                                                                                                                                | 2 (monthly expenses for Debtor 2), if any, from Offic  | ial Form 106J-2              | \$              | ·        |  |  |
|             | 22c. /  | Add line 22                                                                                                                                                                                                                                                | a and 22b. The result is your monthly expenses.        |                              | \$              | 1,829.00 |  |  |
|             |         |                                                                                                                                                                                                                                                            | , , ,                                                  |                              |                 | 1,020.00 |  |  |
| 23.         |         | -                                                                                                                                                                                                                                                          | monthly net income.                                    |                              |                 |          |  |  |
|             |         |                                                                                                                                                                                                                                                            | 12 (your combined monthly income) from Schedule        |                              |                 | 1,223.00 |  |  |
|             | 23b.    | Copy your                                                                                                                                                                                                                                                  | monthly expenses from line 22c above.                  | 23b.                         | -\$             | 1,829.00 |  |  |
|             |         |                                                                                                                                                                                                                                                            |                                                        |                              |                 |          |  |  |
|             | 23c.    |                                                                                                                                                                                                                                                            | our monthly expenses from your monthly income.         | 220                          | · ·             | -606.00  |  |  |
|             |         | The result                                                                                                                                                                                                                                                 | is your monthly net income.                            | 23c.                         | \$              | -000.00  |  |  |
| 2/          | Do v    | OU AVAACE                                                                                                                                                                                                                                                  | an increase or decrease in your expenses within        | the year after you file this | s form?         |          |  |  |
| <b>∠4</b> . |         | Oo you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a |                                                        |                              |                 |          |  |  |
|             |         | diffication to the terms of your mortgage?                                                                                                                                                                                                                 |                                                        |                              |                 |          |  |  |
|             | ■ No    | 0.                                                                                                                                                                                                                                                         |                                                        |                              |                 |          |  |  |
|             | Пу      |                                                                                                                                                                                                                                                            | Explain here:                                          |                              |                 |          |  |  |

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| Fill in this info                | ormation to identify your                            | case:                      |                           |                            |                                                                      |  |
|----------------------------------|------------------------------------------------------|----------------------------|---------------------------|----------------------------|----------------------------------------------------------------------|--|
| Debtor 1                         | Carolyn A Williams                                   |                            |                           |                            |                                                                      |  |
|                                  | First Name                                           | Middle Name                | Last Name                 |                            |                                                                      |  |
| Debtor 2<br>(Spouse if, filing)  | First Name                                           | Middle Name                | Last Name                 |                            |                                                                      |  |
| United States I                  | Bankruptcy Court for the:                            | NORTHERN DISTRICT (        | OF ILLINOIS               |                            |                                                                      |  |
| Case number<br>(if known)        |                                                      |                            |                           |                            | ☐ Check if this is an amended filing                                 |  |
| Official Fo                      | rm 106Dec                                            |                            |                           |                            |                                                                      |  |
| Declara                          | tion About a                                         | an Individual              | Debtor's Sc               | hedules                    | 12/15                                                                |  |
| obtaining mon<br>years, or both. |                                                      | in connection with a bankr |                           |                            | ent, concealing property, or<br>or imprisonment for up to 20         |  |
| Did you p                        | pay or agree to pay some                             | eone who is NOT an attorn  | ey to help you fill out b | pankruptcy forms?          |                                                                      |  |
| ■ No                             |                                                      |                            |                           |                            |                                                                      |  |
| ☐ Yes.                           | Name of person                                       |                            |                           |                            | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |  |
|                                  | nalty of perjury, I declare<br>are true and correct. | that I have read the summ  | ary and schedules file    | ed with this declaration a | and                                                                  |  |
| X /s/ Ca                         | arolyn A Williams                                    |                            | X                         |                            |                                                                      |  |
|                                  | lyn A Williams<br>ture of Debtor 1                   |                            | Signature of              | Debtor 2                   |                                                                      |  |

Date

Date **July 26, 2018** 

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| Filli                                                                   | in this inform                                                                                                                                                                                                                                                                                                                                              | ation to identify you                                                           | r case:                                    |                                                       |                                                                |                                                       |  |  |  |  |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|--|--|--|--|
| Debtor 1                                                                |                                                                                                                                                                                                                                                                                                                                                             | Carolyn A Willia First Name                                                     | Middle Name                                | Last Name                                             |                                                                |                                                       |  |  |  |  |
| Deb                                                                     |                                                                                                                                                                                                                                                                                                                                                             | First Name                                                                      | Middle Name                                | Last Name                                             |                                                                |                                                       |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                                   |                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | Middle Name                                |                                                       |                                                                |                                                       |  |  |  |  |
| Unit                                                                    | ed States Ban                                                                                                                                                                                                                                                                                                                                               | kruptcy Court for the:                                                          | NORTHERN DISTRICT (                        | OF ILLINOIS                                           |                                                                |                                                       |  |  |  |  |
| Case<br>(if kno                                                         | e number                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                            |                                                       | -                                                              | Check if this is an amended filing                    |  |  |  |  |
| Sta<br>Be as                                                            | s complete a                                                                                                                                                                                                                                                                                                                                                | of Financial                                                                    |                                            | are filing together, both are                         | ankruptcy equally responsible for sup                          |                                                       |  |  |  |  |
|                                                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                    | ). Answer every ques                                                            |                                            | Lived Defere                                          |                                                                |                                                       |  |  |  |  |
| Part                                                                    |                                                                                                                                                                                                                                                                                                                                                             | current marital statu                                                           | rital Status and Where You                 | Lived Before                                          |                                                                |                                                       |  |  |  |  |
|                                                                         | <ul><li>□ Married</li><li>■ Not marr</li></ul>                                                                                                                                                                                                                                                                                                              |                                                                                 |                                            |                                                       |                                                                |                                                       |  |  |  |  |
| 2.                                                                      | During the la                                                                                                                                                                                                                                                                                                                                               | ouring the last 3 years, have you lived anywhere other than where you live now? |                                            |                                                       |                                                                |                                                       |  |  |  |  |
|                                                                         | <ul><li>No</li><li>Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li></ul>                                                                                                                                                                                                                                  |                                                                                 |                                            |                                                       |                                                                |                                                       |  |  |  |  |
|                                                                         | Debtor 1 Pri                                                                                                                                                                                                                                                                                                                                                | or Address:                                                                     | Dates Debtor 1 lived there                 | Debtor 2 Prior Ac                                     | dress:                                                         | Dates Debtor 2<br>lived there                         |  |  |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                            |                                                       | ity property state or territor<br>ico, Texas, Washington and V |                                                       |  |  |  |  |
|                                                                         | ■ No<br>□ Yes. Mal                                                                                                                                                                                                                                                                                                                                          | ke sure you fill out <i>Sch</i>                                                 | nedule H: Your Codebtors (O                | fficial Form 106H).                                   |                                                                |                                                       |  |  |  |  |
| Part                                                                    | 2 Explain                                                                                                                                                                                                                                                                                                                                                   | the Sources of You                                                              | r Income                                   |                                                       |                                                                |                                                       |  |  |  |  |
|                                                                         | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |                                                                                 |                                            |                                                       |                                                                |                                                       |  |  |  |  |
|                                                                         | □ No<br>■ Yes. Fill                                                                                                                                                                                                                                                                                                                                         | in the details.                                                                 |                                            |                                                       |                                                                |                                                       |  |  |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | Debtor 1                                   |                                                       | Debtor 2                                                       |                                                       |  |  |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
| From January 1 of current year until the date you filed for bankruptcy: |                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | ■ Wages, commissions, bonuses, tips        | \$0.00                                                | ☐ Wages, commissions, bonuses, tips                            |                                                       |  |  |  |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | ☐ Operating a business                     |                                                       | ☐ Operating a business                                         |                                                       |  |  |  |  |

Official Form 107

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Case number (if known) Document Debtor 1 Carolyn A Williams

|    |                               |                                     |                                                      | Dobtos 4                                                                                                               |                                                                 |                               | Dobton 2                                  |                           |                                                       |
|----|-------------------------------|-------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------|-------------------------------------------|---------------------------|-------------------------------------------------------|
|    |                               |                                     |                                                      | Debtor 1                                                                                                               |                                                                 |                               | Debtor 2                                  |                           |                                                       |
|    |                               |                                     |                                                      | Sources of income<br>Check all that apply.                                                                             | Gross income<br>(before deduction<br>exclusions)                | ons and                       | Sources of inco                           |                           | Gross income<br>(before deductions<br>and exclusions) |
|    |                               | ■ Wages, commissions, bonuses, tips |                                                      | \$0.00                                                                                                                 | ☐ Wages, comr<br>bonuses, tips                                  | missions,                     |                                           |                           |                                                       |
|    |                               |                                     |                                                      | ☐ Operating a business                                                                                                 |                                                                 |                               | ☐ Operating a b                           | ousiness                  |                                                       |
|    |                               | ndar year be<br>o December          |                                                      | ■ Wages, commissions, bonuses, tips                                                                                    |                                                                 | \$0.00                        | ☐ Wages, comr<br>bonuses, tips            | missions,                 |                                                       |
|    |                               |                                     |                                                      | ☐ Operating a business                                                                                                 |                                                                 |                               | Operating a b                             | ousiness                  |                                                       |
|    | and other winnings  List each | er public bene<br>s. If you are fi  | efit payments;<br>ling a joint cas<br>the gross inco | er that income is taxable. Expensions; rental income; integer and you have income that some from each source separate. | rest; dividends; mo<br>you received togeth                      | ney collect<br>ner, list it o | ted from lawsuits; r<br>nly once under De | royalties; and<br>btor 1. |                                                       |
|    |                               |                                     |                                                      | Debtor 1                                                                                                               |                                                                 |                               | Debtor 2                                  |                           |                                                       |
|    |                               |                                     |                                                      | Sources of income<br>Describe below.                                                                                   | Gross income<br>each source<br>(before deduction<br>exclusions) |                               | Sources of inco<br>Describe below.        |                           | Gross income<br>(before deductions<br>and exclusions) |
|    |                               | ry 1 of curre<br>u filed for ba     | ent year until<br>nkruptcy:                          | Social Security                                                                                                        | \$8                                                             | ,561.00                       |                                           |                           |                                                       |
|    |                               |                                     |                                                      |                                                                                                                        |                                                                 |                               |                                           |                           |                                                       |
| Pa | rt 3: Li                      | st Certain P                        | ayments You                                          | Made Before You Filed for                                                                                              | Bankruptcy                                                      |                               |                                           |                           |                                                       |
| 6. | Are eith                      | Neither D                           | ebtor 1 nor D                                        | s debts primarily consume<br>bebtor 2 has primarily const<br>personal, family, or househo                              | umer debts. Consu                                               | umer debts                    | s are defined in 11                       | U.S.C. § 10 <sup>7</sup>  | 1(8) as "incurred by an                               |
|    |                               | During the No.                      | Go to line 7                                         | re you filed for bankruptcy, d<br>each creditor to whom you pa                                                         |                                                                 |                               |                                           |                           | no total amount you                                   |
|    |                               | 100                                 | paid that cre<br>not include                         | editor. Do not include payment<br>payments to an attorney for t<br>ton 4/01/19 and every 3 year                        | nts for domestic sup<br>his bankruptcy cas                      | pport oblig<br>e.             | ations, such as chi                       | ild support a             | nd alimony. Also, do                                  |
|    | ■ Yes                         | Debtor 1                            | or Debtor 2 o                                        | r both have primarily consure you filed for bankruptcy, d                                                              | umer debts.                                                     |                               |                                           | •                         |                                                       |
|    |                               | ■ No.                               | Go to line 7                                         |                                                                                                                        |                                                                 |                               |                                           |                           |                                                       |
|    |                               | □ Yes                               | include pay                                          | each creditor to whom you pa<br>ments for domestic support o<br>this bankruptcy case.                                  |                                                                 |                               |                                           |                           |                                                       |
|    | Credito                       | or's Name an                        | nd Address                                           | Dates of payme                                                                                                         | ent Total a                                                     | mount<br>paid                 | Amount you still owe                      | Was this p                | payment for                                           |

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Case number (if known) Document Debtor 1 Carolyn A Williams

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No |                              |                      |                      |                            |                              |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|----------------------|----------------------------|------------------------------|
|     | ☐ Yes. List all payments to an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                      |                            |                              |
|     | Insider's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dates of payment             | Total amount paid    | Amount you still owe | Reason for                 | this payment                 |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | ments or transfer a  | any property on a    | ccount of a d              | ebt that benefited an        |
|     | ☐ Yes. List all payments to an insider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                      |                      |                            |                              |
|     | Insider's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dates of payment             | Total amount paid    | Amount you still owe | Reason for<br>Include cred | this payment<br>litor's name |
| Pai | t 4: Identify Legal Actions, Repossession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ns. and Foreclosures         |                      |                      |                            |                              |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                      |                      |                            |                              |
|     | Case title Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nature of the case           | Court or agency      |                      | Status of th               | ne case                      |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | erty repossessed, t  | foreclosed, garnis   | hed, attached              | d, seized, or levied?        |
|     | Creditor Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Describe the Property        |                      | Date                 |                            | Value of the                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Explain what happened        | I                    |                      |                            | property                     |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | luding a bank or fi  | nancial institution  | , set off any a            | amounts from your            |
|     | Creditor Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Describe the action the      | creditor took        | Date taken           | action was                 | Amount                       |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | erty in the possess  |                      |                            | efit of creditors, a         |
| Pai | t 5: List Certain Gifts and Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                      |                      |                            |                              |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | otcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person               | ?                            |
|     | Gifts with a total value of more than \$600 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Describe the gifts           |                      | Dates<br>the g       | s you gave<br>ifts         | Value                        |
|     | Person to Whom You Gave the Gift and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                      |                      |                            |                              |

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|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|-----------------------------------|---------------------------|
| Deb  | otor 1 Carolyn A Williams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Boodinent                                       | Case number                                                          | (if known)                        |                           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                      |                                   |                           |
| 14.  | Within 2 years before you filed for bankruptc ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y, did you give any ថ                           | gifts or contributions with a tota                                   | al value of more than             | \$600 to any charity      |
|      | $\square$ Yes. Fill in the details for each gift or contrib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | bution.                                         |                                                                      |                                   |                           |
|      | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Describe what                                   | you contributed                                                      | Dates you contributed             | Valu                      |
| Pari | t 6: List Certain Losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                                      |                                   |                           |
|      | Within 1 year before you filed for bankruptcy or gambling?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or since you filed fo                           | or bankruptcy, did you lose any                                      | thing because of the              | ft, fire, other disaste   |
|      | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                      |                                   |                           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | scribe any insurance                            | coverage for the loss                                                | Date of your                      | Value of propert          |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 | nsurance has paid. List pending 33 of <i>Schedule A/B: Property.</i> | loss                              | los                       |
| Part | t 7: List Certain Payments or Transfers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                      |                                   |                           |
|      | Include any attorneys, bankruptcy petition preparation.  No Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Bizar & Doyle, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 | d value of any property                                              | Date payment or transfer was made | Amount of payment \$900.0 |
|      | 123 West Madison Street Suite 205 Chicago, IL 60602 joe@bizardoylelaw.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                               |                                                                      |                                   |                           |
|      | Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you   No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s or to make payme                              |                                                                      | or transfer any prope             | erty to anyone who        |
|      | Person Who Was Paid<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description and transferred                     | d value of any property                                              | Date payment or transfer was made | Amount o                  |
|      | Within 2 years before you filed for bankruptouransferred in the ordinary course of your but include both outright transfers and | siness or financial a<br>de as security (such a | Iffairs? Is the granting of a security interest                      |                                   |                           |

include gifts and transfers that you have already listed on this statement.

■ No

☐ Yes. Fill in the details.

**Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you

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Debtor 1 Carolyn A Williams

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) |                                                                          |                               |                                                      |                                               |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------------|--|--|--|
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>                                                                                                                                                      |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Name of trust                                                                                                                                                                                               | Description and v                                                        | alue of the property tra      | nsferred                                             | Date Transfer was made                        |  |  |  |
| Pai | rt 8: List of Certain Financial Accounts, Ins                                                                                                                                                               | truments, Safe Deposit                                                   | Boxes, and Storage Ur         | nits                                                 |                                               |  |  |  |
| 20. | sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc                                                                                          | r other financial accour                                                 | nts; certificates of depo     |                                                      | , ,                                           |  |  |  |
|     | No                                                                                                                                                                                                          |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                   |                                                                          |                               | <b>5</b> .                                           |                                               |  |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                                        | Last 4 digits of account number                                          | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?                                                                                                                                       | rear before you filed for                                                | bankruptcy, any safe d        | eposit box or other depos                            | sitory for securities,                        |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                            |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                         | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                               | e the contents                                       | Do you still have it?                         |  |  |  |
| 22. | Have you stored property in a storage unit o                                                                                                                                                                | r place other than your                                                  | home within 1 year bef        | ore you filed for bankrupt                           | cy?                                           |  |  |  |
|     | ■ No                                                                                                                                                                                                        |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                   |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                              | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | e the contents                                       | Do you still have it?                         |  |  |  |
|     | to One Indonesia Company of the Indian Company                                                                                                                                                              | ,                                                                        |                               |                                                      |                                               |  |  |  |
| Pa  | rt 9: Identify Property You Hold or Control                                                                                                                                                                 | for Someone Else                                                         |                               |                                                      |                                               |  |  |  |
| 23. | Do you hold or control any property that sor for someone.                                                                                                                                                   | meone else owns? Inclu                                                   | ude any property you bo       | orrowed from, are storing                            | for, or hold in trust                         |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                            |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                          | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                               | e the property                                       | Value                                         |  |  |  |
| Pai | rt 10: Give Details About Environmental Info                                                                                                                                                                | ormation                                                                 |                               |                                                      |                                               |  |  |  |
|     | the purpose of Part 10, the following definition                                                                                                                                                            |                                                                          |                               |                                                      |                                               |  |  |  |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these                                                                     | e air, land, soil, surface                                               | e water, groundwater, o       |                                                      |                                               |  |  |  |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispo                                                                                                              | as defined under any e                                                   |                               | ther you now own, operat                             | e, or utilize it or used                      |  |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Carolyn A Williams

| 24.                                                                                                                                                                             | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |                                                                            |                                                        |                    |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|--------------------|--|--|
|                                                                                                                                                                                 | ■ No □ Yes. Fill in the details.                                                                                                      |                                                                            |                                                        |                    |  |  |
|                                                                                                                                                                                 | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                    | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |
| 25.                                                                                                                                                                             | Have you notified any governmental unit of any i                                                                                      | release of hazardous material?                                             |                                                        |                    |  |  |
|                                                                                                                                                                                 | ■ No □ Yes. Fill in the details.                                                                                                      |                                                                            |                                                        |                    |  |  |
|                                                                                                                                                                                 | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                    | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |
| 26.                                                                                                                                                                             | Have you been a party in any judicial or administ                                                                                     | trative proceeding under any envir                                         | onmental law? Include settlements a                    | and orders.        |  |  |
|                                                                                                                                                                                 | ■ No<br>□ Yes. Fill in the details.                                                                                                   |                                                                            |                                                        |                    |  |  |
|                                                                                                                                                                                 | Case Title Case Number                                                                                                                | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |
| Par                                                                                                                                                                             | 11: Give Details About Your Business or Conn                                                                                          | nections to Any Business                                                   |                                                        |                    |  |  |
| 27.                                                                                                                                                                             | Within 4 years before you filed for bankruptcy, d                                                                                     | id you own a business or have any                                          | of the following connections to any                    | / business?        |  |  |
|                                                                                                                                                                                 | ☐ A sole proprietor or self-employed in a tr                                                                                          | rade, profession, or other activity, e                                     | either full-time or part-time                          |                    |  |  |
|                                                                                                                                                                                 | ☐ A member of a limited liability company (                                                                                           | (LLC) or limited liability partnership                                     | o (LLP)                                                |                    |  |  |
|                                                                                                                                                                                 | ☐ A partner in a partnership                                                                                                          |                                                                            |                                                        |                    |  |  |
|                                                                                                                                                                                 | ☐ An officer, director, or managing executi                                                                                           | ve of a corporation                                                        |                                                        |                    |  |  |
|                                                                                                                                                                                 | ☐ An owner of at least 5% of the voting or €                                                                                          | equity securities of a corporation                                         |                                                        |                    |  |  |
|                                                                                                                                                                                 | ■ No. None of the above applies. Go to Part 1                                                                                         | 2.                                                                         |                                                        |                    |  |  |
|                                                                                                                                                                                 | Yes. Check all that apply above and fill in th                                                                                        | e details below for each business.                                         |                                                        |                    |  |  |
|                                                                                                                                                                                 |                                                                                                                                       | scribe the nature of the business                                          | Employer Identification number                         |                    |  |  |
|                                                                                                                                                                                 | Address<br>(Number, Street, City, State and ZIP Code)                                                                                 | ne of accountant or bookkeeper                                             | Do not include Social Security  Dates business existed | number or IIIN.    |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fininstitutions, creditors, or other parties. |                                                                                                                                       |                                                                            |                                                        | ude all financial  |  |  |
|                                                                                                                                                                                 | ■ No □ Yes. Fill in the details below.                                                                                                |                                                                            |                                                        |                    |  |  |
|                                                                                                                                                                                 | Name Date Address (Number, Street, City, State and ZIP Code)                                                                          | e Issued                                                                   |                                                        |                    |  |  |
|                                                                                                                                                                                 |                                                                                                                                       |                                                                            |                                                        |                    |  |  |

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| Part '              | 12: Sign Below                       |                                                                                                                                                                              |                                            |
|---------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| are tru             | ue and correct. I understand that ma | of Financial Affairs and any attachments, and I declare king a false statement, concealing property, or obtaining up to \$250,000, or imprisonment for up to 20 years, or be | g money or property by fraud in connection |
| /s/ C               | arolyn A Williams                    |                                                                                                                                                                              |                                            |
| Caro                | lyn A Williams                       | Signature of Debtor 2                                                                                                                                                        |                                            |
| Signa               | ature of Debtor 1                    |                                                                                                                                                                              |                                            |
| Date _July 26, 2018 |                                      | Date                                                                                                                                                                         |                                            |
| Did yo              | ou attach additional pages to Your S | tatement of Financial Affairs for Individuals Filing for Ba                                                                                                                  | ankruptcy (Official Form 107)?             |
| ■ No                |                                      |                                                                                                                                                                              |                                            |
| ☐ Ye                | S                                    |                                                                                                                                                                              |                                            |
| Did yo              | ou pay or agree to pay someone who   | is not an attorney to help you fill out bankruptcy forms                                                                                                                     | ?                                          |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

connection

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| Fill in this infor                        | mation to identify your                         | case:                                                        |                                                          |                                                            |
|-------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|
| Debtor 1                                  | Carolyn A Willian                               | ıs                                                           |                                                          |                                                            |
|                                           | First Name                                      | Middle Name                                                  | Last Name                                                | _                                                          |
| Debtor 2<br>(Spouse if, filing)           | First Name                                      | Middle Name                                                  | Last Name                                                | _                                                          |
| United States Ba                          | ankruptcy Court for the:                        | NORTHERN DIS                                                 | TRICT OF ILLINOIS                                        | _                                                          |
| Case number _                             |                                                 |                                                              |                                                          | ☐ Check if this is an amended filing                       |
| Official Fo<br><b>Statemer</b>            |                                                 | n for Indiv                                                  | viduals Filing Under Cha                                 | apter 7 12/15                                              |
| creditors have lease of must file things. | ever is earlier, unless th                      | ur property, or<br>nd the lease has r<br>ithin 30 days after |                                                          |                                                            |
|                                           | eople are filing togethened at the form.        | in a joint case, bo                                          | oth are equally responsible for supplying co             | rect information. Both debtors must                        |
|                                           | and accurate as possib<br>our name and case nur |                                                              | s needed, attach a separate sheet to this for            | n. On the top of any additional pages,                     |
| Part 1: List Yo                           | our Creditors Who Hav                           | e Secured Claims                                             |                                                          |                                                            |
| . For any credit                          |                                                 | art 1 of Schedule D                                          | : Creditors Who Have Claims Secured by Pr                | operty (Official Form 106D), fill in the                   |
|                                           | editor and the property t                       | nat is collateral                                            | What do you intend to do with the proper secures a debt? | ty that Did you claim the property as exempt on Schedule C |
| Creditor's                                |                                                 |                                                              | ☐ Surrender the property.                                | □ No                                                       |
| nama:                                     |                                                 |                                                              |                                                          | =                                                          |

| Creditor's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Identify the creditor and the property that is collateral | What do you intend to do with the property that<br>secures a debt? | Did you claim the property as exempt on Schedule C? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| name:  Description of property and redeem it.  Description of property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Creditor's Retain the property and redeem it.  Retain the property and [explain]:  Creditor's Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Description of Retain the property and [explain]:  Creditor's Retain the property and [explain]:  Creditor's Surrender the property and redeem it.  Retain the property and redeem it.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | _                                                                  | _                                                   |
| Description of property securing debt:  Creditor's same: Surrender the property and enter into a Reaffirmation Agreement. Securing debt: Surrender the property and [explain]: Surrender the property and redeem it. Securing debt: Surrender the property and enter into a Retain the property and enter into a Reaffirmation Agreement. Securing debt: Surrender the property and [explain]: Surrender the property and redeem it. Surrender the property and [explain]: Surrender the property and redeem it. Surrender the property and redeem it. Surrender the property and enter into a Reaffirmation Agreement. Securing debt: Retain the property and enter into a Reaffirmation Agreement. Securing debt: Retain the property and [explain]: Securing debt: Retain the property and [explain]: Securing debt: Securing debt: Securing debt: Securing debt: Securing depting and enter into a Retain the property and [explain]: Securing debt: Securing debt: Securing debt: Securing debt: Securing depting and enter into a Retain the property and [explain]: Securing debt: Securi |                                                           | ☐ Surrender the property.                                          | □ No                                                |
| Description of property securing debt:  Creditor's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | name:                                                     |                                                                    |                                                     |
| property securing debt:  Creditor's name:  Description of property securing debt:  Creditor's  Description of property securing debt:  Creditor's name:  Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and lexplain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Description of                                            |                                                                    | ⊔ Yes                                               |
| Creditor's name:  Description of property securing debt:  Creditor's Description of property securing debt:  Creditor's name:  Description of property securing debt:  Creditor's name:  Description of property name:  Creditor's name:  Description of property name:  Retain the property and [explain]:  Retain the property name dedem it. Retain the property and enter into a nearly property Retain the property and enter into a nearly property Retain the property and [explain]:  Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | property                                                  |                                                                    |                                                     |
| name:    Retain the property and redeem it.   Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | securing debt:                                            |                                                                    |                                                     |
| name:  Description of Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Retain the property and [explain]:  Creditor's Sourrender the property.  Retain the property and redeem it.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Pescription of Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditor's                                                | ☐ Surrender the property.                                          | □ No                                                |
| Description of property securing debt:  Creditor's Securing the property and enter into a Reaffirmation Agreement.  Creditor's Securing the property and redeem it.  Description of Securing the property and enter into a Reaffirmation Agreement.  Description of Property Securing debt:  Creditor's Securing the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | name:                                                     |                                                                    |                                                     |
| Description of property securing debt:  Creditor's Securing the property and [explain]:  Description of Surrender the property and redeem it.  Description of Retain the property and enter into a Reaffirmation Agreement.  Description of Property Securing debt:  Description of Retain the property and enter into a Reaffirmation Agreement.  Description of Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                    | ☐ Yes                                               |
| property securing debt:  Creditor's name:  Description of property property securing debt:  Retain the property and [explain]:  Retain the property Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Description of                                            |                                                                    |                                                     |
| Creditor's Surrender the property. No name: Surrender the property and redeem it.  Description of Retain the property and enter into a Reaffirmation Agreement.  property Securing debt: Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | property                                                  | ☐ Retain the property and [explain]:                               |                                                     |
| name:    Retain the property and redeem it.   Retain the property and enter into a Reaffirmation Agreement.   Retain the property and enter into a Reaffirmation Agreement.   Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | securing debt:                                            |                                                                    |                                                     |
| Description of Retain the property and enter into a  Reaffirmation Agreement.  property securing debt:  Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Creditor's                                                | ☐ Surrender the property.                                          | □ No                                                |
| Description of Reaffirmation Agreement.  property securing debt:  Reaffirmation Agreement.  Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | name:                                                     | ☐ Retain the property and redeem it.                               |                                                     |
| securing debt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Description of                                            |                                                                    | Yes                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | property                                                  | Retain the property and [explain]:                                 |                                                     |
| Creditor's Surrender the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | securing debt:                                            |                                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Creditor's                                                | ☐ Surrender the property.                                          | □ No                                                |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1                              | Carolyn A Williams                                                             | Case number (if kn                                                                                                                                                                              | own)                                |
|---------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| name:  Descrip propert securin        | у                                                                              | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>                 | ☐ Yes                               |
| For any ur<br>in the info             | rmation below. Do not list real estate l                                       | y Leases<br>you listed in Schedule G: Executory Contracts and Unex<br>eases. Unexpired leases are leases that are still in effect<br>y lease if the trustee does not assume it. 11 U.S.C. § 365 | the lease period has not yet ended. |
| Describe                              | your unexpired personal property leas                                          | es                                                                                                                                                                                              | Will the lease be assumed?          |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased                                                          |                                                                                                                                                                                                 | □ No □ Yes                          |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased                                                          |                                                                                                                                                                                                 | □ No □ Yes                          |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased                                                          |                                                                                                                                                                                                 | □ No □ Yes                          |
| Lessor's n<br>Descriptio<br>Property: | name:<br>nn of leased                                                          |                                                                                                                                                                                                 | □ No □ Yes                          |
| Lessor's n<br>Descriptio<br>Property: | name:<br>nn of leased                                                          |                                                                                                                                                                                                 | □ No □ Yes                          |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased                                                          |                                                                                                                                                                                                 | □ No                                |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased                                                          |                                                                                                                                                                                                 | □ No □ Yes                          |
| Under per<br>property t<br>X /s/ C    | hat is subject to an unexpired lease.<br>Carolyn A Williams<br>olyn A Williams | licated my intention about any property of my estate that  X  Signature of Debtor 2                                                                                                             |                                     |
| Sign:<br>Date                         | ature of Debtor 1  July 26, 2018                                               | Date                                                                                                                                                                                            |                                     |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-20991 Doc 1 Filed 07/26/18 Entered 07/26/18 15:35:32 Desc Main Document Page 49 of 53

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re  | Carolyn A Williams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | Case No.                                                         |                               |         |  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------|---------|--|
|        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Debtor(s)                                                                                                                               | Chapter                                                          | 7                             |         |  |
|        | DISCLOSURE OF COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ENSATION OF ATTO                                                                                                                        | RNEY FOR D                                                       | EBTOR(S)                      |         |  |
| C      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the five rendered on behalf of the debtor(s) in contemplation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ling of the petition in bankruptcy                                                                                                      | , or agreed to be paid                                           | to me, for services rendered  | or to   |  |
|        | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | \$                                                               | 900.00                        |         |  |
|        | Prior to the filing of this statement I have receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d                                                                                                                                       | \$                                                               | 900.00                        |         |  |
|        | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | \$                                                               | 0.00                          |         |  |
| 2. Т   | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                  |                               |         |  |
|        | $\blacksquare$ Debtor $\square$ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                  |                               |         |  |
| 3. T   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                  |                               |         |  |
|        | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                  |                               |         |  |
| 4. l   | I have not agreed to share the above-disclosed cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mpensation with any other person                                                                                                        | unless they are mem                                              | bers and associates of my la  | w firm. |  |
| ļ      | ☐ I have agreed to share the above-disclosed compecopy of the agreement, together with a list of the i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                  |                               | n. A    |  |
| 5. ]   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                  |                               |         |  |
| t<br>c | <ul> <li>Analysis of the debtor's financial situation, and renote.</li> <li>Preparation and filing of any petition, schedules, standard section of the debtor at the meeting of credit.</li> <li>[Other provisions as needed]         <ul> <li>Negotiations with secured creditors to reaffirmation agreements and applicate 522(f)(2)(A) for avoidance of liens on head of the section of the sect</li></ul></li></ul> | tatement of affairs and plan which<br>litors and confirmation hearing, a<br>preduce to market value; ex<br>tions as needed; preparation | h may be required;<br>and any adjourned hear<br>emption planning | rings thereof;                | of      |  |
| 6. I   | By agreement with the debtor(s), the above-disclosed<br>Representation of the debtors in any oproceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                  | es or any other adversa       | ry      |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CERTIFICATION                                                                                                                           |                                                                  |                               |         |  |
|        | certify that the foregoing is a complete statement of ankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | any agreement or arrangement fo                                                                                                         | r payment to me for i                                            | epresentation of the debtor(s | i) in   |  |
| Jı     | ıly 26, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /s/ Joseph R. Do                                                                                                                        | yle                                                              |                               |         |  |
| De     | ate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Joseph R. Doyle Signature of Attorn Bizar & Doyle, Ll 123 West Madiso Suite 205                                                         | ey<br>L <b>C</b>                                                 |                               |         |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Chicago, IL 6060<br>312-427-3100 Fa<br>joe@bizardoylela                                                                                 | ax: 312-427-5400                                                 |                               |         |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of law firm                                                                                                                        |                                                                  |                               |         |  |

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| Fill in this inf                               | formation to identify your case:                           | Check one box only as direct                                                                                                 |
|------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                                       | Carolyn A Williams                                         | 122A-1Supp:                                                                                                                  |
| Debtor 2<br>(Spouse, if filing<br>United State | es Bankruptcy Court for the: Northern District of Illinois | <ul> <li>■ 1. There is no presumpt</li> <li>□ 2. The calculation to de applies will be made Calculation (Official</li> </ul> |
| (if known)                                     |                                                            | ☐ 3. The Means Test doe:<br>qualified military ser                                                                           |

ed in this form and in Form

- tion of abuse
- termine if a presumption of abuse under Chapter 7 Means Test Form 122A-2).
- s not apply now because of vice but it could apply later.
- ☐ Check if this is an amended filing

### Official Form 122A - 1

### **Chapter 7 Statement of Your Current Monthly Income**

12/15

Part 3:

#### Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Carolyn A William

Signature of Debtor 1

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Carolyn A Williams                                                                                                          |                                                               | Case No.  |    |  |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------|----|--|--|
|       |                                                                                                                             | Debtor(s)                                                     | Chapter _ | 7  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX                                                                                             |                                                               |           |    |  |  |
|       |                                                                                                                             | Number of Co                                                  | reditors: | 12 |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |                                                               |           |    |  |  |
| Date: | July 26, 2018                                                                                                               | /s/ Carolyn A Williams Carolyn A Williams Signature of Debtor |           |    |  |  |

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Certified Services Inc Po Box 177 Waukegan, IL 60079

Comenity Bank/Kings Sizes Attention: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Sizes Comenity Bank Po Box 182125 Columbus, OH 47321

Dell Financial Services Dell Financial Services Attn: Bankrupcty Po Box 81577 Austin, TX 78708

Ginnys/Swiss Colony Inc Attn: Bankruptcy 1112 7th Ave Monroe, WI 53566

Internal Revenue Service\*
PO Box 7346
Philadelphia, PA 19101-7346

Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

Med Business Bureau Po Box 1219 Park Ridge, IL 60068

Midland Credit Management 8875 Aero Drive San Diego, CA 92123 Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Vista Health System 1324 N Sheridan Rd. Waukegan, IL 60085